Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	02501 1T 59620-2501	Due to School Clerk June 1						
Elementary District Respons	sible for Reimbursin	g the Contract			County		Legal Entity	
Deer Park Elem					Flathead		0307	
High School or K-12 District	Responsible for Re	imbursing the Cont	ract		County		Legal Entity	
Is this contract shared be ☐ yes ☐ no	etween elementa	ry and high school	ol?	<u> </u>			<del>'</del>	
Are you applying for isola		′es □ No		Stude	nt Name	School		Grade
(If yes, please attach exp ISOLATION: Section 20-10	olanation) 0-142, MCA, provide	es for increased rein	nbursement	Oldde	nt ivaine	CCHOOL		Orauc
rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116	ces of isolation of re ircumstances must ounty transportation	sidence. In order to be reviewed and ap a committee, and the	o receive oproved by the	Stude	nt Name	School	,	Grade
Check here only if increased District Trustees and the Co	d payment due to iso	olation has been ap	proved by the	Stude	nt Name	School		Grade
Elem District Approval	yes □ no _ yes □ no _	Initials			nt Name	School	,	Grade
County Approval					CONTRACT IS FO s 1-12	<u>)R:</u>		
Parent or Guardian Nam	ie: (Please Print)				Semester Only	☐ 2nd Semester Only	/ □ Both Semest	ers
Bea M. Peterson Physical Address (street	address only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to n Elementary 7.6  Distance from home to n Elementary 0 HS  Contract is for one-w Students in Each Grade Level - G	nearest school (or HS <b>0</b> nearest bus stop, S <b>0</b> ay only	if any (one way) its to be covered by thi	s contract.  9-12 Total	KINDI Kinde by thi To or To or Kinde To or To or PARE files. COUN	ERGARTEN/PREP  rgarten child ride s contract: from Bus Stop grarten child ride from Bus Stop from School  dlines: NTS: Due to Scho KS: Send original  ITY SUPERINTEN or your files.  RE (For disti	kindergaren:  s with other school-a  times per day, times per day, s without other school times per day, times per day, times per day,	days per day	week week week week
insured driver will transport  In March and June, the D transported for the past s  The payment shall be cou This contract shall termin  Elementary School Distri Deer Park Elem	t or provide transportat of the students. Mileag istrict shall pay the par emester. mputed on the basis of late at the end of the sc ict Chair	ion for the student(s) to ge contracts are valid of ent the sum officially a the schedule establish school year or when the Board of Truste	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	ter referred to or bus stop on th on for the distanc- ation upon certification	o as the District(s).  e days when school is in e reported on the contraction by the teacher or pre- e information accompany	rincipal of the school of the nur ring this contract.	an assures that a licensed nber of days the student(s	
High School District	Chair	, Board of Truste	es 				Date	
		I attes	t that the above i	information is	true and correct.			
Signature - Parent or Guar	rdian					Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity
Deer Park Elem					Fla	thead		0307
High School or K-12 D		ole for Reimbur	sing the Cont	tract	Cour			Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				
Are you applying for			□ No		Student N	lame	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for i						
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	dual circumstand the county trans	ces must be reversion comments	viewed and apmittee, and th	oproved by the	Student N	lame	School	Grade
Check here only if incredit District Trustees and the	eased payment	due to isolatior	n has been ap	proved by the	Student N	lame	School	Grade
Elem District Approval	•		tials		Student N	lame	School	Grade
HS District Approval County Approval	□ yes	□ no			THIS COL	NTRACT IS FO	NR∙	
Parent or Guardian					Grades 1-	-12		Doth Composters
Sue Benner						mester Only	□ 2nd Semester Only	√ □ Both Semesters
Physical Address (s	treet address	only):				rgarten/Kinder mester Only	garten □ 2nd Semester Only	/ □ Both Semesters
					KINDERG	ARTFN/PRFI	KINDERGARTEN:	
Distance from home Elementary 12.8	e to nearest so HS <b>0</b>	hool (one wa	ıy)		Kinderga by this co	rten child ride ontract:	es <u>with</u> other school-a	ge students also covered days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or from <b>Kinderga</b>	n School rten child ride	times per day, _ es without other schoo	days per week  ol-age students:  days per week  days per week
□ Contract is for o	ne-way only				To or fron	n School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlin		ool Clerk June 1.	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLERKS: files.	: Send origina	I to County Supt by July	/ 1, retain a copy for your
Regular Trans					COUNTY	SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for y			
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Doimh.	ursement rate is determ	inad by
Contingency Spec. Ed. Contin.						Reillib	20-10-142, MCA.	illied by
opeo. Lu. contin.								
Agreement betweer	n parent (parei	nt name)			, and scho	ool district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to as	the District(s).		
The parent shall tra insured driver will t	ansport or provide transport the stude	nts. Mileage cont	tracts are valid	only when transportation	on for the distance rep	orted on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school ye	ear or when the	ned in Section 20-10-1 student(s) is no longe				Data
Elementary School Deer Park Elem		,	rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
		<u> </u>	I attes	t that the above i	nformation is tru	e and correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Fair-Mont-Egan	Flem					Flathead		0308	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ient rame	0011001	Grade	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade	
	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian I	vame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters	
Crystal Cumming Physical Address (st	gs reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 6.3  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took Took Took Took Took Too	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School delines: del	times per day, tool Clerk June 1.	days per week da	
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. be computed on the eminate at the en District	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
High School District	11	Chair, Boa	ard of Trustee	es				Date	
			l attest	that the above	information	is true and correct.			
Signature - Parent or	Guardian		า สแบรเ	that the above	omation	is true and contect.	Date		
J							**		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Fair-Mont-Egan	Elem					Flathead		0308	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	lent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
Diana Robinson					Pre	kindergarten/Kinderg	narten	•	
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y □ Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 3.3	e to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary <b>0</b>	e to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To o	or from School	times per day,	days	per week
Students in Each Grade Le		the students to b	be covered by the	is contract.	De	adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for yo files.				y for your
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						for your files.			,
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						D a tracks		San all land	
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	ninea by	
opec. Eu. Contin.									
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lid	ensed and
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall be computed on the basis of the schedule established in Section 20-10-4.     This contract shall terminate at the end of the school year or when the student(s) is no long.					9-142, MCA, and ger enrolled in so	the information accompany shool, whichever occurs firs	ing this contract. t.	T	
Elementary School Fair-Mont-Egan Ele		Chair, Boa	ard of Truste	es 				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	e information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Fair-Mont-Egan Elem			Flathead		0308		
High School or K-12 District Responsit	ole for Reimbursing the Conf	tract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high school	ol?			<u>'</u>		
Are you applying for isolation state			Student Name	School	Grade		
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Claudin Hamo	00.100.	3.443		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and apportation committee, and th	pproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade		
	Initials  no no		Student Name	School	Grade		
	no		THIS CONTRACT IS FO Grades 1-12	<u>R:</u>			
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters		
Elizabeth A. Reed Physical Address (street address	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest so Elementary 6 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by th  K 1-8  Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride: To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original files.  COUNTY SUPERINTEN copy for your files.  RE (For distr	times per day,times per day,times per day,s without other school times per day,times	days per week  ol-age students:		
Agreement between parent (parel  (county name)  The parties agree as follows:  1. The parent shall transport or provide to insured driver will transport the studet.  2. In March and June, the District shall petransported for the past semester.  3. The payment shall be computed on the december of the transported shall terminate at the erection of the transported shall terminate at the erection.	transportation for the student(s) to the student (s) to the student (s) to the student (s) the	County, hereinafter re o and from the school or bus only when transportation for approved in the application u ned in Section 20-10-142, M student(s) is no longer enro	the distance reported on the contract ipon certification by the teacher or pri ICA, and the information accompanyi	session. The parent or guardia t actually occurs. ncipal of the school of the num ng this contract.			
High School District	Chair, Board of Truste	es			Date		
	I attes	t that the above infor	mation is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity		
Fair-Mont-Egan	Flem					Flathead		0308		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	od botwoon ol	omontary an	d high scho	al2						
ges no	ed between ei	ementary an	u riigii scrio	JI:						
Are you applying for			□ No		Stu	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	A provides for	increased reir	mbursement	1	ioni ramo	Concor		Grade	
rates for special circum	nstances of isola	ition of resider	ice. In order t	o receive	Stud	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and th			John Harrio	3011001		Grado	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap imittee	proved by the						
		Ini	tials		Student Name School Grade					
Elem District Approval HS District Approval	□ yes □	□ no □ no				0001704071050	<b>.</b> D			
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>			
Parent of Guardian	ivallie. (Fleas	e Fillit)			□ 1	st Semester Only	□ 2nd Semester On	ly ☐ Both Se	mesters	
Jennifer A. Dana					Pre-	kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			□ 1	st Semester Only	<ul> <li>2nd Semester On</li> </ul>	ly ☐ Both Se	mesters	
						DERGARTEN/PRE				
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	es with other school-	age students a	Iso covered	
Elementary 3.8	HS 0	`	,		To o	or from Bus Stop	times per day, _	day	s per week	
Distance from home	to nearest bu	is stop, if any	(one way)		To d Kind	or from School dergarten child ride	times per day, es without other scho	ool-age studen	s per week	
Elementary 0	HS <b>0</b>				To c	or from Bus Stop	times per day, _	day	s per week	
☐ Contract is for or	ne-way only				Тос	or from School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea	adlines:				
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total			to County Supt by Ju	ly 1, retain a co	ρy for your	
Regular Trans					files					
Snoo Ed Trans							IDENTS: Send origina	al to OPI by July	y 10, retain a	
Spec. Ed. Trans					copy	y for your files.				
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	i use only)		
Reg.						_				
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(	. "	,		Oarratir hansina		·				
(county name) The parties agree as follow				•		to as the District(s).				
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.		•		•	•	rincipal of the school of the nu	umber of days the stu	.dent(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs				
Elementary School   Fair-Mont-Egan Ele		Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			1	1 111 11 ·	t #	:- 4 I				
Olemature Division	O. and to		I attes	t that the above	intormation	is true and correct.	Dete			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	0-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County	Legal Entity			
Fair-Mont-Egan Elem			Flathead	0308			
High School or K-12 District Responsi	ble for Reimbursing the Con	ntract	County	Legal Entity			
Is this contract shared between e □ yes □ no	lementary and high scho	ool?		<u> </u>			
Are you applying for isolation stat			Student Name	School Grade			
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC/	) A, provides for increased rei	imbursement	Olddent Name	Grade			
rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order ces must be reviewed and a sportation committee, and the	to receive approved by the	Student Name	School Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	pproved by the	Student Name	School Grade			
Elem District Approval □ yes	Initials  no no no		Student Name	School Grade			
	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Pleas	se Print)			2nd Semester Only   Both Semesters			
John Berosik Physical Address (street address	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest so Elementary 5.2 HS 0  Distance from home to nearest be Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	us stop, if any (one way)		by this contract: To or from Bus Stop To or from School Kindergarten child rides wi To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School C  CLERKS: Send original to C files.  COUNTY SUPERINTENDEN copy for your files.  REIME (For district,	times per day, days per week times per day, days per week days per week times per day, days per week tithout other school-age students: times per day, days per week times per day, days per week days per week			
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the contract shall terminate at the elementary School District Fair-Mont-Egan Elem	transportation for the student(s) ents. Mileage contracts are valid pay the parent the sum officially the basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafte to and from the school or only when transportation approved in the application about the student (s) is no longer of the school of the student (s) is no longer of the school of th	for the distance reported on the contract actu	on. The parent or guardian assures that a licensed and lally occurs.  Il of the school of the number of days the student(s) was			
High School District	Chair, Board of Truste	ees		Date			
	I attes	st that the above in	formation is true and correct.				
Signature - Parent or Guardian			Dat	re			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Fair-Mont-Egan	Elem					Flathead		0308		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials 		Student Name School Grade					
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	<u>PR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y 🗆 Both Se	mesters	
Mark & Denise					Pre-	kindergarten/Kinderg	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters	
						DERGARTEN/PREM				
Distance from home Elementary <b>6</b>	to nearest sc HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	times per day, _ times per day, _	_		
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:	
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week	
Students in Each Grade Le		the students to b	e covered by the	s contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for y files.				by for your	
Regular Trans					COL	INTY SUPERINTEN	UPERINTENDENTS: Send original to OPI by July 10, retain a			
Spec. Ed. Trans						for your files.	DEITIO. Cond ongina	ii to or r by oury	, ro, rotalir a	
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································	
(county name)				County, hereina	after referred	to as the District(s).				
	ansport or provide t					the days when school is in nce reported on the contract	session. The parent or guard	lian assures that a lid	censed and	
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certi	fication by the teacher or pr	incipal of the school of the nur	mber of days the stu	dent(s) was	
The payment shall be computed on the basis of the schedule established in Section 20-10-     This contract shall terminate at the end of the school year or when the student(s) is no long.					0-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.			
Elementary School Fair-Mont-Egan Ele		Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	e information	is true and correct.				
Signature - Parent or	Guardian		railes	tarat tric above	, mormation	io trao ana contect.	Date			
-										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT		Due to School Clerk June 1						
Elementary District Responsible	e for Reimbursing the	Contract		County		Legal Entity		
Fair-Mont-Egan Elem				Flathead		0308		
High School or K-12 District Re	sponsible for Reimbur	sing the Contract		County		Legal Entity		
Is this contract shared betw  ☐ yes ☐ no	een elementary and	d high school?						
Are you applying for isolation		□ No	Stu	dent Name	School	Grade		
(If yes, please attach explain ISOLATION: Section 20-10-14	nation) I2. MCA. provides for i	ncreased reimbursement		ucht ivanic	GCHOOL	Clade		
rates for special circumstances increased rates, individual circu trustees of the district, the coun Public Instruction. (10.7.116 AF	of isolation of residence imstances must be revity transportation comm	ce. In order to receive riewed and approved by the nittee, and the Office of	Ot	dent Name	School	Grade		
Check here only if increased pa District Trustees and the Count	ayment due to isolation	has been approved by the	Stu	dent Name	School	Grade		
Elem District Approval ☐ yes	Init □ no	ials	Stu	dent Name	School	Grade		
County Approval	□ no			S CONTRACT IS FO des 1-12	<u>)R:</u>			
Parent or Guardian Name:	(Please Print)			1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Mary L. Moore Physical Address (street ad	ldress only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nea	rest school (one walls 0 rest bus stop, if any only rinclude the students to be	(one way)	KIN Kin by t To t Kin To t  O PAI  CLI files	dergarten child ride this contract: or from Bus Stop_or from School dergarten child ride for from Bus Stop_or from School dergarten child ride for from School dergarten School der Green School der Gree	kindergarten: es with other school-a times per day, _ tim	days per week days per week days per week ol-age students: days per week		
insured driver will transport the 2. In March and June, the District transported for the past seme 3. The payment shall be computed. This contract shall terminate Elementary School District Fair-Mont-Egan Elem	provide transportation for ne students. Mileage contict shall pay the parent the sater.  Ited on the basis of the schat the end of the school yet.  Chair, Boal	the student(s) to and from the racts are valid only when tran sum officially approved in the nedule established in Section ear or when the student(s) is red of Trustees	reinafter referred e school or bus stop or sportation for the dista e application upon cert 20-10-142, MCA, and	If to as the District(s).  In the days when school is in ance reported on the contra- ification by the teacher or p the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the nun	nber of days the student(s) was  Date		
High School District	Chair, Boa	rd of Trustees				Date		
	•	I attest that the a	bove information	is true and correct.				
Signature - Parent or Guardia	nn				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Fair-Mont-Egan	Elem					Flathead		0308		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Stud	Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Se	mesters	
Pamela J. Evert					Pre-	kindergarten/Kinderg	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters	
						DERGARTEN/PREM				
Distance from home Elementary <b>4.3</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_		
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:	
□ Contract is for o	ne-way only				To	or from School	times per day, _	days	s per week	
Students in Each Grade Le	• •	the students to b	e covered by thi	s contract.		adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
De suden Trene	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for files.				by for your	
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	<b>DENTS</b> : Send origina	al to OPI by July	/ 10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
Reg.										
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20-10-142, WOA.			
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································	
(county name)				County, hereina	after referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	lian assures that a lid	censed and	
	, the District shall p					nce reported on the contraction by the teacher or pr	ct actually occurs. incipal of the school of the nur	mber of days the stu	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	hedule establish	ned in Section 20-10	I-142, MCA, and	the information accompany	ing this contract.			
Elementary School District Chair, Board of Trustees					J	,	-	Date		
Fair-Mont-Egan Ele High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	Lattes	t that the charge	information	is true and correct				
Signature - Parent or	Guardian		ı alles	ı ırıaı iri <del>e</del> above	, mormation	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	ounty	<u> </u>	Legal Entity	
Swan River Eler	m				FI	athead		0309	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract		ounty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of	Chidom	Nama	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	□ yes	□ no	itials		Student	Name	School		Grade
HS District Approval County Approval	•	no no			THIS C	ONTRACT IS FO	DR:		
Parent or Guardian		e Print)			Grades	1-12 semester Only	☐ 2nd Semester Only	v □ Both Se	mesters
Brenda Luna						dergarten/Kinder	•	,	
Physical Address (st	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters
					KINDER	RGARTEN/PREI	(INDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			garten child ride contract:	es <u>with</u> other school-a	age students a	Iso covered
Elementary 6	HS <b>0</b>				To or fro	om Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kinderg To or fro	garten child ride om Bus Stop	times per day, _es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	<u>Deadl</u>		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	il to OPI by July	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<del></del>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sc	hool district (dist	rict name)		,
(county name) The parties agree as follow	/S:			County, hereina	fter referred to a	as the District(s).			
The parent shall tra insured driver will tr	nsport or provide transport the studer	nts. Mileage cor	ntracts are valid of	only when transportat	ion for the distance r	eported on the contra	session. The parent or guard actually occurs.		
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	dent(s) was
<ol> <li>This contract shall t</li> </ol>	terminate at the er	d of the school		student(s) is no long		nformation accompany , whichever occurs firs		Date	
Elementary School I Swan River Elem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is to	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Co	unty	<u> </u>	Legal Entity	
Swan River Eler	n				FI	athead		0309	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract		unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
trustees of the district, the Public Instruction. (10.7)				e Office of	Chudant	Name -	Cabaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	•		itials		Student	Name	School		Grade
HS District Approval County Approval		no no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian					Grades	1-12 emester Only	 □ 2nd Semester Onl	v □ Both Se	mesters
Cara R. Lafever						ergarten/Kinder		,	
Physical Address (st		only):					2nd Semester Only	y 🗆 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered
Elementary 4.5	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli BAREN		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<u> </u>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	nool district (dist	rict name)		,
(county name) The parties agree as follow	/S:			County, hereina	fter referred to a	s the District(s).			
The parent shall tra insured driver will tr	nsport or provide tansport the studer	nts. Mileage cor	ntracts are valid of	only when transportat	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	dent(s) was
	terminate at the er	d of the school		ned in Section 20-10- student(s) is no long				Date	
Swan River Elem	JI311101	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County		Legal Entity
Swan River Ele	m					Flathead		0309
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	lly □ Both Semesters
Caryle A. Cox Physical Address (s	troot address	oulv).				-kindergarten/Kinder		
1 Hysical Address (s	arcet address	orny).				·		lly   Both Semesters
Distance from home Elementary <b>4.5</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade Leading	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract.  9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School	times per day,	days per week days per week days per week ool-age students: days per week days per week days per week days per week
Regular Trans					files		IDENTO Con devicio	al to ODI by hills 40 matrix
Spec. Ed. Trans						y for your files.	IDEN 15: Send origin	al to OPI by July 10, retain a
Room & Board							EIMBURSEMENT R	
Correspondence						(For dist	nict, county and OF	r use only)
Reg. Contingency						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.								
insured driver will to 2. In March and June transported for the	vs: ansport or provide t ransport the studer , the District shall p past semester.	ransportation for this. Mileage contract the	the student(s) to racts are valid of sum officially a	o and from the school only when transportation pproved in the applica	ter referred or bus stop or on for the dista ation upon cert	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was
4. This contract shall Elementary School		chair, Boar			er enrolled in s	chool, whichever occurs firs	t.	Date
Swan River Elem High School District		Chair, Boar	d of Truste	es				Date
		<u> </u>	Lattes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian		. 41103	are above		and diffe doing of	Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to Sc	hool Clerk June 1		
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity
Swan River Elem			Flathead		0309
High School or K-12 District Responsib	ole for Reimbursing the Conf	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ol?			
Are you applying for isolation state		<u> </u>	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein		radent Ivame	GCHOOL	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order to ses must be reviewed and appropriation committee, and the	o receive Sproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	tudent Name	School	Grade
Elem District Approval	Initials □ no □ no		tudent Name	School	Grade
	no		THIS CONTRACT IS FO Grades 1-12	<u>)R:</u>	
Parent or Guardian Name: (Pleas	e Print)		1st Semester Only	□ 2nd Semester Only	□ Both Semesters
David Jochen Physical Address (street address	only):		Pre-kindergarten/Kinder 1 1st Semester Only	garten □ 2nd Semester Only	□ Both Semesters
Distance from home to nearest so Elementary 7.2 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if any (one way)	is contract.  9-12 Total C	y this contract: to or from Bus Stop to or from School tindergarten child ride to or from Bus Stop to or from School  Deadlines: PARENTS: Due to Sch CLERKS: Send origina les. COUNTY SUPERINTEN topy for your files.  RE (For dist	times per day, tool Clerk June 1.	days per week da
Agreement between parent (parel  (county name)  The parties agree as follows:  1. The parent shall transport or provide to insured driver will transport the studet.  2. In March and June, the District shall partiansported for the past semester.  3. The payment shall be computed on the following transported to the past semester.  4. This contract shall terminate at the end the sementary School District.  Elementary School District.	ransportation for the student(s) the tst. Mileage contracts are valid any the parent the sum officially and the basis of the schedule established of the school year or when the Chair, Board of Truste	only when transportation for the dipproved in the application upon on the dipproved in Section 20-10-142, MCA, atudent(s) is no longer enrolled in the section 20-10-142, MCA, atudent(s) is no longer enrolled in the sec	red to as the District(s).  o on the days when school is in listance reported on the contra- certification by the teacher or p and the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above informat	ion is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Swan River Elen	n					Flathead		0309
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y    Both Semesters
Kathleen Butts Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y   Both Semesters
Distance from home Elementary 4.4  Distance from home Elementary 0  Contract is for on Students in Each Grade Letter Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	is stop, if an	y (one way)  De covered by this  Total	9-12 Total	Mine To co T	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day,times per day,	days per week da
insured driver will tra  2. In March and June, transported for the p  3. The payment shall be	s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	I attest	that the above i	information	is true and correct.		l
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Swan River Elem	1					Flathead		0309
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Clade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstand ne county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes □		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y    Both Semesters
Lisa Caldwell Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		y   Both Semesters
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for on Students in Each Grade Levent Frans  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only rel - Only include Pre-K Total	the students to t	y (one way)  De covered by this  Total	9-12 Total	Mine To co T	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day,times per day,	days per week da
insured driver will tra  In March and June, the transported for the p  This contract shall be the contract shall the transported for the payment shall be the contract shall the transport of the contract shall the transport	s: sport or provide t insport the studer he District shall past semester. e computed on the eminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Swan River Elem High School District		Chair, Boa	ard of Trustee	es				Date
-								
Signature Berent se	Fuardian		I attest	that the above i	information	is true and correct.	Date	
Signature - Parent or C	ouardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Student Name School Gr  Student Name School Gr	ade
High School or K-12 District Responsible for Reimbursing the Contract   County   Legal Entity	
High School or K-12 District Responsible for Reimbursing the Contract   County   Legal Entity	
Are you applying for isolation status? Yes No (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Student Name School Gr	
Are you applying for isolation status? Yes No (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Student Name School Gr	
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Student Name School Gr  Student Name School Gr	
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)  Student Name School Gr  Student Name School Gr	ade
Check here only if increased payment due to isolation has been approved by the	
District Trustees and the County Transportation Committee.	ade
Elem District Approval	ade
County Approval	
Parent or Guardian Name: (Please Print)  Glades 1-12  □ 1st Semester Only □ 2nd Semester Only □ Both Semester	3
Lynn Boots       Pre-kindergarten/Kindergarten         Physical Address (street address only):       □ 1st Semester Only □ 2nd Semester Only □ Both Semester	3
Distance from home to nearest school (one way) Elementary 5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Elementary 5 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Elementary 0 HS 0  To or from Bus Stop times per day, days per w. Kindergarten child rides without other school-age students.  To or from Bus Stop times per day, days per w. Kindergarten child rides without other school-age students.  For or from Bus Stop times per day, days per w. Kindergarten child rides without other school-age students.  For or from Bus Stop times per day, days per w. Kindergarten child rides without other school-age students.  For or from Bus Stop times per day, days per w. Kindergarten child rides without other school-age students.  For or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To or from Bus Stop times per day, days per w. To	eek eek eek eek
Agreement between parent (parent name)	
High School District Chair, Board of Trustees Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501		Du	e to School Cl	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	nty		Legal Entity
Swan River Ele	m				Fla	ithead		0309
High School or K-12 D		ole for Reimbu	rsing the Conf	tract	Cou			Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Student I	Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for						
rates for special circun increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	oproved by the	Student I	Name	School	Grade
Public Instruction. (10.	·	, and the second	·		Student I	Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the				
Elem District Approval		□ no	tials ———		Student I	Name	School	Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se	-12 mester Only	☐ 2nd Semester Only	/ □ Both Semesters
Terry Knutson					Pre-kinde	ergarten/Kinder	garten	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	/ □ Both Semesters
					KINDER	GARTEN/PREI	KINDERGARTEN:	ge students also covered
Distance from home Elementary <b>5</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this c	ontract:	· · · · · · · · · · · · · · · · · · ·	days per week
Distance from home Elementary <b>0</b>	to nearest bu	us stop, if any	(one way)		To or from <b>Kinderg</b>	n School arten child ride	times per day, _ es without other schoo	days per week  pl-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or froi	n School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlii</u>		ool Clerk June 1.	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	files.	: Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans					COUNTY	SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for			
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimh	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						Reinb	20-10-142, MCA.	inica by
						1 11 11 17 17 11		
Agreement betweer	n parent (parei	nt name)					rict name)	,
(county name) The parties agree as follow				County, hereinaf		, ,		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid o	only when transportation	on for the distance re	orted on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.		•	ipproved in the applicance in Section 20-10-1	•		·	nber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe				Date
Swan River Elem		,						
High School District		Chair, Boa	rd of Truste	ees				Date
			I attes	t that the above i	information is tru	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	)-2501		Dι	ue to Schoo	l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity
Swan River Elei	m					Flathead		0309
High School or K-12 D		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	) A, provides for	increased reir	mbursement				
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	fual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
District Trustees and the Elem District Approval	□ yes	In □ no	itials		Stude	ent Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	✓ □ Both Semesters
Tina Batin						Ţ	·	, = ===================================
Physical Address (s	treet address	only):				indergarten/Kinder t Semester Only		y □ Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 5	e to nearest so HS <b>0</b>	chool (one wa	ay)		Kind by th	ergarten child ride	es <u>with</u> other school-a	ge students also covered days per week days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if an	y (one way)		<b>Kind</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				10 Of	trom School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.		dlines: ENTS: Due to Sch	aal Clark Juna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEI			y 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement betweer	n parent (parei	nt name)			, and	school district (dist	rict name)	,
(county name)			(	County, hereinat	fter referred	o as the District(s).		
	ansport or provide							ian assures that a licensed and
	, the District shall p					ce reported on the contract cation by the teacher or p		mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the	e information accompany	ring this contract.	
Elementary School			ard of Truste			22.,	-	Date
Swan River Elem High School District		Chair, Boa	ard of Truste	es				Date
			Latton	t that the above	information	e true and correct		
Signature - Parent or	Guardian		ı alles	t triat trie above	iiiioiiiiali0i1 l	s true and correct.	Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			school Year 2004- 2005 e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	irsing the Con	tract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract shar  ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)					y   Both Semesters
Carol I. O'Neil Physical Address (s	troot addraga	only):			Pre-kindergarten/Kin		
Filysical Address (s	ileet address	Offig).				√ □ 2nd Semester Onle REKINDERGARTEN:	y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS 14 e to nearest be HS 3.6 ne-way only	us stop, if an	y (one way)	is contract.  9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child To or from Bus Stop To or from School  Deadlines: PARENTS: Due to S	times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Spec. Ed. Trans					COUNTY SUPERINT copy for your files.	TENDENTS: Send original	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	
Correspondence						<b>,</b>	,
Reg. Contingency Spec. Ed. Contin.					Rei	mbursement rate is detern 20-10-142, MCA.	nined by
opec. Lu. Contin.							
		, ,					
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation fo nts. Mileage cor pay the parent the	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (of ter referred to as the District or bus stop on the days when school on for the distance reported on the co- tion upon certification by the teacher 42, MCA, and the information accomer er enrolled in school, whichever occur	(S).  is in session. The parent or guard ntract actually occurs. or principal of the school of the nu panying this contract.	
Elementary School			ard of Truste		,		Date
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and corre	ct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 2004- 200 e to School Clerk Jun	-	
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mhursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval HS District Approval	•	Ini □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT	T IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester (	Only	nly   Both Semesters
Cynthia Meador Physical Address (st	reet address	only):			Pre-kindergarten/	Kindergarten Only □ 2nd Semester O	nly □ Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 8 to nearest bu HS 8	us stop, if an	y (one way)	is contract.  9-12 Total	Kindergarten ch by this contract: To or from Bus Si To or from School Kindergarten ch To or from Bus Si To or from School Deadlines: PARENTS: Due  CLERKS: Send files.  COUNTY SUPER copy for your files	times per day, it imes per day, it is school Clerk June 1.  Coriginal to County Supt by J	days per week da
insured driver will tr.  In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s:  nsport or provide to ansport the stude: the District shall past semester. be computed on the erminate at the er	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis	chool is in session. The parent or gua the contract actually occurs. cher or principal of the school of the in- ecompanying this contract.	number of days the student(s) was
Elementary School D	District	,	ard of Truste				Date
High School District Flathead H S		Chair, Boa	ard of Truste				Date
			I attes	t that the above i	information is true and co		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract share  □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation)	)	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	stances of isola lal circumstance ne county trans	ation of resider ces must be re sportation com	ice. In order to viewed and appointed and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian N	lame: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y   Both Semesters
Daniel Stensland					Pre-kindergarten/Kinder		
Physical Address (str	eet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Lev	HS <b>18</b> to nearest bu HS <b>6.5</b> e-way only	us stop, if any	/ (one way)	is contract.	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schotimes per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
	Total	Total	Total	Total	<b>CLERKS:</b> Send originating files.	I to County Supt by July	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NDENTS: Send origina	l to OPI by July 10, retain a
Room & Board					copy for your files.	EIMBURSEMENT RA	ATE
Correspondence						trict, county and OPI	
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement between	parent (parei	nt name)			, and school district (dist	/	,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	sport or provide to insport the studer he District shall past semester. e computed on the	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	fter referred to as the District(s) for bus stop on the days when school is it ion for the distance reported on the contra ation upon certification by the teacher or p 142, MCA, and the information accompan	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
4. This contract shall te Elementary School D			ear or when the ard of Truste		er enrolled in school, whichever occurs fir	St.	Date
High School District Flathead H S		Chair, Boa	ard of Truste	es			Date
		<u></u>	I attes	t that the above	information is true and correct.		
Signature - Parent or C	Suardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation)	)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incredibitrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Dianna Gamma Physical Address (st	treet address	oulv).			Pre-kindergarten/Kinder		Della Commentant
1 Trysloai / taarees (st	ireet address	Orny).			<ul> <li>1st Semester Only</li> <li>KINDERGARTEN/PRE</li> </ul>	·	y □ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>21.7</b>	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to h	e covered by th	is contract	Deadlines:	. ,,	
Stadelike III. Zadii Grade Ze	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	<b>CLERKS:</b> Send origina files.	l to County Supt by July	1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board  Correspondence						EIMBURSEMENT RA trict, county and OPI	
Reg.					Poimh	ursement rate is determ	ningd by
Contingency Spec. Ed. Contin.					Keinic	20-10-142, MCA.	inled by
	L						
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,
insured driver will tr 2. In March and June, transported for the   3. The payment shall	nsport or provide to ransport the studen the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s)  I or bus stop on the days when school is is ion for the distance reported on the contration upon certification by the teacher or pure the contract of the	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School [	District	,	ard of Truste				Date
High School District Flathead H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian	_				Date	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

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PO Box 202501 Helena, MT 59620			chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Responsible for Re	imbursing the Cor	ntract	County		Legal Entity
High School or K-12 District Responsib	le for Reimbursing	g the Contract	County		Legal Entity
Flathead H S			Flathead		0311
Is this contract shared between ele ☐ yes ☐ no	ementary and hi	igh school?	·		
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA		□ No	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans. Public Instruction. (10.7.116 ARM prov	tion of residence. es must be review portation committee	In order to receive yed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased payment of District Trustees and the County Trans	due to isolation ha	s been approved by the	Student Name	School	Grade
HS District Approval ☐ yes ☐	Initials no no		Student Name	School	Grade
County Approval	no		THIS CONTRACT IS FOR	<u>OR:</u>	
•	e Pilili)		☐ 1st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Faye Stukey Physical Address (street address)	only).		Pre-kindergarten/Kinder		
1 Tryologi / Idai edo (oli edi adai edo (	omy).		☐ 1st Semester Only		y   Both Semesters
Distance from home to nearest scillementary 0 HS 16  Distance from home to nearest but Elementary 0 HS 6.5  Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.	s stop, if any (or the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTE! copy for your files.  RI (For dis	times per day, times per day, times per day, tes without other scho times per day,	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)
insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th	ransportation for the stats. Mileage contract ay the parent the sun e basis of the schedu	student(s) to and from the school os are valid only when transportation officially approved in the applicativale established in Section 20-10-14	and school district (district referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contraion upon certification by the teacher or particular to the contrained on the contraine	n session. The parent or guard ct actually occurs. or incipal of the school of the nur	
Elementary School District	Chair, Board				Date
High School District Flathead H S	Chair, Board	of Trustees			Date
		I attest that the above in	nformation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501			chool Year 2004 e to School Clerl			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	,		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County	,		Legal Entity
Flathead H S			Ü		Flath			0311
Is this contract shar	red between e	lementary an	d high scho	ol?	1 100			10011
□ yes □ no	r inclution stat		□ No					
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation	)	□ No	mhursement	Student Na	me	School	Grade
rates for special circur increased rates, indivitrustees of the district,	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade
Check here only if inconstruct Trustees and t	due to isolatio	n has been ap	pproved by the	Student Na	me	School	Grade	
Elem District Approval	Ini □ no	tials		Student Na	me	School	Grade	
HS District Approval County Approval	,	□ no □ no				RACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Seme		□ 2nd Semester Onl	y    Both Semesters
Jeannette & De Physical Address (s					arten/Kinder ester Only	garten 2nd Semester Onl	y    Both Semesters	
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for contract is for contract is for contract is for contract in Each Grade L	HS 14.5 e to nearest bu HS 7.5 ene-way only	us stop, if any	y (one way)	is contract.	by this con To or from B To or from S Kindergarte To or from B To or from S Deadline	tract: Bus Stop School en child ride Bus Stop School S:	times per day, _ times per day, _ es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: S	Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY S		IDENTS: Send origina	ll to OPI by July 10, retain a
Room & Board					., , , _		IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
insured driver will 2. In March and June transported for the 3. The payment shal	ws: ansport or provide transport the stude the pistrict shall to past semester. I be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) the student are valid to sum officially a chedule establish	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the or bus stop on the days to for the distance report	when school is in ed on the contract the teacher or particular	session. The parent or guard at actually occurs. incipal of the school of the nu	ian assures that a licensed and mber of days the student(s) was
Elementary School			ard of Truste					Date
High School District Flathead H S	t	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	nformation is true	and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the C	Contract		County	·	Legal Entity
High School or K-12 Dis	strict Responsit	le for Reimburs	sing the Cont	ract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract share  □ yes □ no	d between el	ementary and	l high schoo	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	nhursement	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of residences must be review to the second sec	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the		portation Comn	nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no □ no	als 		Student Name	School	Grade
County Approval  Parent or Guardian N	□ yes	no			THIS CONTRACT IS I		
Jeff & Joanne M	•	,			☐ 1st Semester Only		y   Both Semesters
Physical Address (str		only):			Pre-kindergarten/Kinde	ergarten  □ 2nd Semester Onl	y
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Level Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>25</b> to nearest bu HS <b>7</b> e-way only	s stop, if any	(one way)	s contract.  9-12 Total	by this contract: To or from Bus Stop_ To or from School Kindergarten child rid To or from Bus Stop_ To or from School  Deadlines: PARENTS: Due to Sc  CLERKS: Send origin files.  COUNTY SUPERINTE copy for your files.  F  (For die	times per day, thool Clerk June 1.	days per week da
insured driver will tra  In March and June, transported for the p  The payment shall be this contract shall be	s: nsport or provide t ansport the studer the District shall p ast semester. he computed on the erminate at the er	ransportation for t nts. Mileage contr ay the parent the ne basis of the sch d of the school ye	the student(s) to racts are valid of sum officially a redule establish ar or when the	o and from the school only when transportation proved in the applicated in Section 20-10-14 student(s) is no longer	, and school district (district ser referred to as the District(ser bus stop on the days when school is on for the distance reported on the contion upon certification by the teacher of 42, MCA, and the information accomparenrolled in school, whichever occurs the service of the school of the service of the school of the sch	in session. The parent or guard ract actually occurs. principal of the school of the nu	mber of days the student(s) was
Elementary School D	District	Chair, Boar					Date
High School District Flathead H S		Chair, Boar	d of Truste	es 			Date
Cimpature D			I attest	t that the above i	nformation is true and correct		
Signature - Parent or (	Juardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- e to School Clerk			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		<u> </u>	Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County			Legal Entity
Flathead H S	·		· ·		Flathe	ad		0311
Is this contract shar	red between e	lementary an	d high scho	ol?				
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	us? □ Yes	□ No					
(If yes, please attaction: Section	h explanation	)		mhursement	Student Nam	е	School	Grade
rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10	nstances of isola dual circumstand the county trans	ation of residen ces must be re- sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Nam	e	School	Grade
Check here only if inconstrict Trustees and t	due to isolation sportation Com	n has been ap imittee.	proved by the	Student Nam	е	School	Grade	
	Initials Elem District Approval □ yes □ no						School	Grade
HS District Approval County Approval		□ no			THIS CONTR	RACT IS FO	₹ <u>:</u>	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semes	ster Only	□ 2nd Semester Onl	y    Both Semesters
Jeff Walker Physical Address (s	only):			Pre-kindergal □ 1st Semes		arten □ 2nd Semester Onl	y □ Both Semesters	
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for contract is for contract in Each Grade Land Elementary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest but HS 6.5 ene-way only evel - Only include  Pre-K Total	the students to b	y (one way)  De covered by th  1-8  Total	9-12 Total	Kindergarter by this contr To or from Bu To or from Bu To or from Bu To or from So  Deadlines PARENTS: 1  CLERKS: So files.  COUNTY SU copy for your	n child rides ract: us Stop chool n child rides us Stop chool Due to Scho end original files.  PERINTENI files.  REI (For distri	times per day, times	days per week da
insured driver will In March and June transported for the The payment shal This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con cay the parent the the basis of the so and of the school y	the student(s) tracts are valid of a sum officially a chedule establishear or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the or bus stop on the days whon for the distance reported	e District(s).  nen school is in s d on the contract ne teacher or prin ion accompanyir	ession. The parent or guard actually occurs. acipal of the school of the nu	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	ard of Truste					Date
High School Distric	t	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	nformation is true ar	nd correct.		
Signature - Parent or	Guardian						Date	

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

<u> </u>		L	-1	-
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PO Box 202501 Helena, MT 59620-2		Sch Due			
Elementary District Responsible for Rein	nbursing the Conti	ract	County	<u>'</u>	Legal Entity
High School or K-12 District Responsible	e for Reimbursing	the Contract	County		Legal Entity
Flathead H S			Flathead		0311
Is this contract shared between elec ☐ yes ☐ no	mentary and hig	h school?			
Are you applying for isolation status (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA,		No	Student Name	School	Grade
rates for special circumstances of isolatic increased rates, individual circumstance trustees of the district, the county transp Public Instruction. (10.7.116 ARM provid	on of residence. In s must be reviewe ortation committee	n order to receive d and approved by the e, and the Office of	Student Name	School	Grade
Check here only if increased payment du District Trustees and the County Transpo	ue to isolation has	been approved by the	Student Name	School	Grade
HS District Approval ☐ yes ☐	nono		Student Name	School	Grade
County Approval	no		THIS CONTRACT IS FO Grades 1-12		
Jennifer Linne'	-,		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Physical Address (street address or	nly):		Pre-kindergarten/Kinder  ☐ 1st Semester Only		□ Both Semesters
Distance from home to nearest schelementary 0 HS 7  Distance from home to nearest bus Elementary 0 HS 7  Contract is for one-way only Students in Each Grade Level - Only include the Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	stop, if any (one e students to be cove		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTEN copy for your files.  RE (For dist	times per day,times per day,tool Clerk June 1.	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  TE use only)
Agreement between parent (parent  (county name) The parties agree as follows:  1. The parent shall transport or provide trainsured driver will transport the students 2. In March and June, the District shall pay transported for the past semester. 3. The payment shall be computed on the 4. This contract shall terminate at the end	insportation for the st s. Mileage contracts of the parent the sum of basis of the schedule	udent(s) to and from the school or are valid only when transportation to officially approved in the application	for the distance reported on the contra n upon certification by the teacher or p , MCA, and the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the nun	
Elementary School District	Chair, Board of				Date
High School District Flathead H S	Chair, Board of	Trustees			Date
		I attest that the above inf	ormation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code Phone Number

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- 200 e to School Clerk June		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	ch explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	mstances of isolo dual circumstan , the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	to receive pproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	-		itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT	IS FOR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester 0	Only   2nd Semester Onl	y   Both Semesters
Julie Holmes Physical Address (s	street address	only):			Pre-kindergarten/l	Kindergarten Only □ 2nd Semester Onl	y □ Both Semesters
						I/PREKINDERGARTEN:	,
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b>	HS <b>20</b>	·	• /		by this contract: To or from Bus St To or from School Kindergarten chi	op times per day,	days per week days per week ool-age students:
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.	Deadlines: PARENTS: Due 1	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		original to County Supt by Jul	y 1, retain a copy for your
Regular Trans						INTENDENTS: Send origina	al to OPI by July 10. retain a
Spec. Ed. Trans					copy for your files	3	
Room & Board					(Fo	REIMBURSEMENT R. or district, county and OPI	
Correspondence							
Reg. Contingency Spec. Ed. Contin.					F	Reimbursement rate is detern 20-10-142, MCA.	mined by
Agreement between	n parent (pare	nt name)			, and school distric	ct (district name)	
(county name)		- / <u></u>			ter referred to as the Dist	,	·
The parties agree as follo		transportation for		<b>,</b>		hool is in session. The parent or guard	dian assures that a licensed and
insured driver will 2. In March and June	transport the stude e, the District shall	nts. Mileage cor	ntracts are valid	only when transportation	on for the distance reported on th		
transported for the 3. The payment shall	be computed on t	he basis of the so	chedule establish	hed in Section 20-10-1	42, MCA, and the information ac	companying this contract.	
4. This contract shall Elementary School			year or when the ard of Truste		r enrolled in school, whichever or	CCUIS TIFST.	Date
High School Distric	t	Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above i	nformation is true and co	prrect.	
Signature - Parent or	r Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			e to School	2004- 2005 Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		(	County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract	(	County		Legal Entity
Flathead H S						Flathead		0311
Is this contract shar	red between e	lementary and	d high scho	ol?				
Are you applying fo			□ No		Stude	nt Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for i	ncreased reir	mbursement				
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	viewed and apmittee, and th	pproved by the	Stude	nt Name	School	Grade
Check here only if inconstruct Trustees and t	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Grade	
Elem District Approval	Init □ no	ials		Stude	nt Name	School	Grade	
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Parent or Guardian Name: (Please Print)						□ 2nd Semester Only	y   Both Semesters
Kim R. Andrews				☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters  Pre-kindergarten/Kindergarten				
Physical Address (s	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for constitution of the Elementary <b>0</b>	HS 20 e to nearest bu HS 8 ne-way only	us stop, if any	(one way)	is contract	Kinde by thi To or To or Kinde To or To or	rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop	times per day,times per day,times per day,es without other schotimes per day, _	days per week days per week ol-age students: days per week
Stadelile iii Eddii Sidde E	Pre-K	K	1-8	9-12		NTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLER files.	KS: Send origina	I to County Supt by July	y 1, retain a copy for your
Regular Trans					COUN		NDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy f	or your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						, ,		•
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
		1						
Agreement between	n parent (pare	nt name)			, and s	school district (dist	rict name)	,
(county name)				County, hereinaf	ter referred to	as the District(s)		
	ansport or provide					e days when school is in e reported on the contra		ian assures that a licensed and
In March and June     transported for the	, the District shall past semester.	pay the parent the	sum officially a	approved in the applica	ation upon certifica	ation by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was
The payment shall     This contract shall	be computed on the terminate at the en	nd of the school y	ear or when the	student(s) is no longe		e information accompan- ol, whichever occurs fire		Τ = .
Elementary School	District	Chair, Boa	rd of Truste	es				Date
High School Distric	t	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian					<u> </u>	Date	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

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PO Box 202501 Helena, MT 59620-		Sch Due				
Elementary District Responsible for Rei	mbursing the Cont	ract	County	<u>'</u>	Legal Entity	
High School or K-12 District Responsible	le for Reimbursing	the Contract	County		Legal Entity	
Flathead H S			Flathead		0311	
Is this contract shared between ele □ yes □ no	ementary and hig	gh school?				
Are you applying for isolation statu (If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA.		No	Student Name	School	Grade	
rates for special circumstances of isolat increased rates, individual circumstance trustees of the district, the county transp. Public Instruction. (10.7.116 ARM provi	tion of residence. I es must be reviewe portation committee	n order to receive ed and approved by the e, and the Office of	Student Name	School	Grade	
Check here only if increased payment of District Trustees and the County Transp	lue to isolation has	been approved by the	Student Name	School	Grade	
HS District Approval ☐ yes ☐	Initials no no		Student Name	School	Grade	
County Approval	Print)		THIS CONTRACT IS FO			
Lorna Hauser	•		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters	
Physical Address (street address of	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
Distance from home to nearest schelementary 0 HS 40  Distance from home to nearest bus Elementary 0 HS 10  Contract is for one-way only Students in Each Grade Level - Only include to Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.	s stop, if any (on the students to be covered to be covere		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTEN copy for your files.  RE (For dist	times per day,times per day,tool Clerk June 1.	days per week days per week days per week  7 1, retain a copy for your  I to OPI by July 10, retain a  TE use only)	
Agreement between parent (paren  (county name)  The parties agree as follows:  1. The parent shall transport or provide tr insured driver will transport the student  2. In March and June, the District shall pe transported for the past semester.  3. The payment shall be computed on the  4. This contract shall terminate at the end	ansportation for the st ts. Mileage contracts ay the parent the sum e basis of the schedul	tudent(s) to and from the school or lare valid only when transportation to officially approved in the application e established in Section 20-10-142,	for the distance reported on the contra n upon certification by the teacher or p MCA, and the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the nun		
Elementary School District	Chair, Board o				Date	
High School District Flathead H S	Chair, Board o	f Trustees			Date	
		I attest that the above infe	ormation is true and correct.			
Signature - Parent or Guardian				Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity	
High School or K-12 D	istrict Responsi	ole for Reimbur	sing the Con	ract		County		Legal Entity	
Flathead H S						Flathead		0311	
Is this contract shar  ☐ yes ☐ no	red between e	ementary and	d high scho	ol?					
Are you applying fo			□ No		Stude	ent Name	School	Grade	
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for i	ncreased reir	mbursement			3033	5.445	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be reversion community	viewed and apmittee, and th	proved by the	Stude	ent Name	School	Grade	
Check here only if incr District Trustees and t	due to isolation	n has been ap	proved by the	Stude	ent Name	School	Grade		
Elem District Approval	Init □ no	ials 		Stude	ent Name	School	Grade		
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	y   Both Semesters	
Mark Leatzow				Pre-kindergarten/Kindergarten					
Physical Address (s	only):					☐ 2nd Semester Only	y    Both Semesters		
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for one Students in Each Grade L	HS 30 e to nearest bu HS 6 ine-way only evel - Only include	us stop, if any	(one way)	T	Kinde by th To or To or Kinde To or To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLEF	RKS: Send origina	I to County Supt by July	y 1, retain a copy for your	
Regular Trans					files.	_		, , , ,	
Spec. Ed. Trans						NTY SUPERINTENT for your files.	IDENTS: Send origina	l to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						 Reimb	ursement rate is detern		
Contingency Spec. Ed. Contin.							20-10-142, MCA.	,	
Agreement between	n parent (pare	nt name)			and	school district (dist	rict name)		
(county name)	i paroni (paro					o as the District(s)		,	
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and	
<ol><li>In March and June</li></ol>	, the District shall p					ce reported on the contra cation by the teacher or p		mber of days the student(s) was	
	be computed on the					e information accompany			
Elementary School			rd of Truste		or critolieu ili scili	JOI, WITHOUTEVEL OCCUIS IIIS	м.	Date	
High School District	t	Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above	information is	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	)-2501	School Year 2004- 2005  Due to School Clerk June 1						
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
High School or K-12 District Responsit	ole for Reimbursing the	Contract	County		Legal Entity			
Flathead H S			Flathead		0311			
Is this contract shared between el	ementary and high s	chool?						
Are you applying for isolation state	us? □ Yes □ No	)	Student Name	School	Grade			
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	) A, provides for increased	d reimbursement	Student Name	SCHOOL	Grade			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed an sportation committee, ar	nd approved by the nd the Office of	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	sportation Committee.	en approved by the	Student Name	School	Grade			
	Initials □ no	_	Student Name	School	Grade			
	□ no □ no	-	THIS CONTRACT IS FO	OR:				
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y    Both Semesters			
Ronald S. Peters  Physical Address (street address	only).		Pre-kindergarten/Kinder		□ Doth Compotors			
yoroa/ .aaooo (ooot aaaooo	Cy).		☐ 1st Semester Only		y   Both Semesters			
Distance from home to nearest so Elementary 0 HS 12  Distance from home to nearest but Elementary 0 HS 6.5		ay)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,times per day,	days per week			
□ Contract is for one-way only				times per day, _	days per week			
Students in Each Grade Level - Only include		by this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.				
Pre-K Total	K 1-8 Total Total	9-12 I Total	<b>CLERKS:</b> Send origina files.	I to County Supt by July	y 1, retain a copy for your			
Regular Trans			COUNTY SUPERINTE	NDENTS: Send origina	l to OPI by July 10, retain a			
Spec. Ed. Trans			copy for your files.					
Room & Board				EIMBURSEMENT RA				
Correspondence			,		• ,			
Reg. Contingency			Reimb	ursement rate is detern 20-10-142, MCA.	nined by			
Spec. Ed. Contin.				20-10-142, 100A.				
Agreement between parent (paren	nt name)		, and school district (dist	rict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(county name) The parties agree as follows:		County, hereinaf	ter referred to as the District(s)					
<ol> <li>The parent shall transport or provide to insured driver will transport the student</li> </ol>	nts. Mileage contracts are v	valid only when transportation	or bus stop on the days when school is in on for the distance reported on the contra	ct actually occurs.				
transported for the past semester.	•		ation upon certification by the teacher or p 42, MCA, and the information accompan	•	mber of days the student(s) was			
		n the student(s) is no longe	er enrolled in school, whichever occurs fire		Date			
High School District Flathead H S	Chair, Board of Tru				Date			
Tiddledd 11 O	la	ittest that the above i	information is true and correct.					
Signature - Parent or Guardian				Date				

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	Legal Entity			
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Con	ract		County		Legal Entity		
Flathead H S						Flathead		0311		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?						
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	)	□ No	mbursement	Stude	ent Name	School	Grade		
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be rev sportation com	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Stude	ent Name	School	Grade		
Check here only if incomplished Trustees and t	eased payment	due to isolation sportation Com	n has been ap mittee.	proved by the	Student Name School Grade					
Elem District Approval		□ no	ials 		Student Name School Grade					
HS District Approval County Approval	•	□ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	y    Both Semesters		
Theresa Peters					Pre-k	Pre-kindergarten/Kindergarten				
Physical Address (s	treet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home to nearest school (one way) Elementary 0 HS 17  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 6						Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
Students in Each Grade L		the students to b	e covered by th	is contract.		dlines:				
	Pre-K K 1-8 9-12					ENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLEI files.	RKS: Send origina	I to County Supt by July	y 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	l to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT RA	ATF		
Correspondence							rict, county and OPI			
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	n narent (nare	nt name)			and	school district (dist	rict name)			
(county name)	· parom (paro	)				to as the District(s).		,		
The parties agree as follows:  1. The parent shall true insured driver will	ansport or provide transport the stude , the District shall p	nts. Mileage cont	the student(s) to	o and from the school only when transportation	or bus stop on to	he days when school is ir ce reported on the contra	session. The parent or guard ct actually occurs.	ian assures that a licensed and mber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on the					ne information accompany lool, whichever occurs firs				
Elementary School	District	Chair, Boa	rd of Truste	es				Date		
High School District Flathead H S	i	Chair, Boa	Chair, Board of Trustees Date							
			I attes	t that the above	information	s true and correct.				
Signature - Parent or	Guardian					<u> </u>	Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity		
Cayuse Prairie I	Elem					Flathead		0317		
High School or K-12 D	istrict Responsib	ole for Reimbur	sing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary and	high scho	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						dent Name	School	Grade		
Initials Elem District Approval □ yes □ no						dent Name	School	Grade		
County Approval						THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Gelena Seager Physical Address (s	troot address	only):				-kindergarten/Kinderg				
1 Hysical Address (s	illeet address	orny).			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Distance from home to nearest school (one way) Elementary 11 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total Total					KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students:  To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week Deadlines:  PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans  Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board					COP		IMBURSEMENT R	ATE		
Correspondence							rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deteri 20-10-142, MCA.	mined by		
insured driver will t  In March and June transported for the The payment shall This contract shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en	rransportation for nts. Mileage conti nay the parent the ne basis of the sch nd of the school ye	the student(s) to racts are valid of sum officially a nedule establish ear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was		
Cayuse Prairie Elen	Elementary School District Chair, Board of Trustees Cayuse Prairie Elem							Date		
High School District	School District Chair, Board of Trustees Date						Date			
I attest that the above information is true and correct.										
Signature - Parent or Guardian Date										

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
Cayuse Prairie	Elem					Flathead		0317
High School or K-12 D	istrict Responsib	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						dent Name	School	Grade
Elem District Approval  yes  no HS District Approval  yes  no						dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters
Heidi L. Black					Pre-kindergarten/Kindergarten			
Physical Address (s	treet address	only):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Distance from home Elementary 9.4  Distance from home Elementary .5  Contract is for o Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day,	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a late.  ATE luse only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	rransportation for the state of the say the parent the say the basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was  Date  Date
I attest that the above information is true and correct.								
Signature - Parent or Guardian Date								

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 5			Due to Scho	ool Clerk June 1			
Elementary District Responsible	for Reimbursing the C	ontract		County		Legal Entity	
Cayuse Prairie Elem				Flathead		0317	
High School or K-12 District Res	ponsible for Reimburs	ng the Contract		County		Legal Entity	
Is this contract shared between □ yes □ no	en elementary and	high school?					
Are you applying for isolation (If yes, please attach explanation)		□ No	Stu	dent Name	School		Grade
ISOLATION: Section 20-10-142 rates for special circumstances of	2, MCA, provides for in		it				
increased rates, individual circur trustees of the district, the count	nstances must be revie	ewed and approved by	the Stu	dent Name	School		Grade
Public Instruction. (10.7.116 ARI			Stu	dent Name	School		Grade
Check here only if increased pay District Trustees and the County			the	dent Name	CONOCI		Orauc
Elem District Approval ☐ yes	Initia □ no	ls	Stu	dent Name	School		Grade
HS District Approval □ yes County Approval □ yes	□ no			S CONTRACT IS FO	DR:		
Parent or Guardian Name: (I	Please Print)			ides 1-12 1st Semester Only	☐ 2nd Semester Only	y □ Both Sem	esters
Jeff & Allyson Bailey				-kindergarten/Kinder	garten	,	
Physical Address (street add	lress only):				2nd Semester Only	y   Both Sem	esters
				IDERGARTEN/PREI			
Distance from home to near		)	by '	this contract:	es <u>with</u> other school-a	_	
Elementary <b>3.6</b> HS	S <b>0</b>		To	or from Bus Stop	times per day, _	days	per week ner week
Distance from home to neare Elementary 0 HS 0	est bus stop, if any (	one way)	Kin To	dergarten child ride or from Bus Stop	times per day, _es without other schoot times per day, _ times per day, _	ol-age students days	er week
□ Contract is for one-way of	only		То	or from School	times per day, _	days	per week
Students in Each Grade Level - Only i	nclude the students to be	covered by this contract.		adlines: RENTS: Due to Sch	ool Clerk June 1		
Pre-I Tota		1-8 9-12 Total Total	CL	ERKS: Send origina	I to County Supt by July	y 1, retain a copy	for your
Regular Trans			files				
Spec. Ed. Trans				UNTY SUPERINTEN by for your files.	IDENTS: Send origina	il to OPI by July 1	10, retain a
Room & Board				RE	EIMBURSEMENT RA	ATE	
Correspondence				(For dist	rict, county and OPI	use only)	
Reg.				_			
Contingency				Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							
Agreement between parent (	(parent name)		, an	d school district (dist	rict name)		
(county name) The parties agree as follows:		County, he	ereinafter referred	d to as the District(s).			
The parties agree as follows.     The parent shall transport or p insured driver will transport the						ian assures that a lice	nsed and
<ol><li>In March and June, the District transported for the past semes</li></ol>	shall pay the parent the ster.	um officially approved in th	ne application upon cer	tification by the teacher or p	rincipal of the school of the nur	mber of days the stude	ent(s) was
The payment shall be compute     This contract shall terminate a	t the end of the school year	r or when the student(s) is				15.	
Elementary School District Cayuse Prairie Elem	Chair, Board	d of Trustees				Date	
High School District	Chair, Board	l of Trustees				Date	
		I attest that the	above information	is true and correct.			
Signature - Parent or Guardian	1				Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	20-2501		Due to School Clerk June	1	
Elementary District Responsible for F	Reimbursing the Co	ntract	County		Legal Entity
Cayuse Prairie Elem			Flathead		0317
High School or K-12 District Respons	sible for Reimbursin	g the Contract	County		Legal Entity
Is this contract shared between one of the	elementary and h	igh school?			
Are you applying for isolation sta	atus? □ Yes	□ No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		reased reimbursement		Concor	Grade
rates for special circumstances of isc increased rates, individual circumstant trustees of the district, the county train	nces must be reviewnsportation committed	ved and approved by the ee, and the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro Check here only if increased paymer	Ţ.	,	Student Name	School	Grade
District Trustees and the County Trai		tee.			
Elem District Approval	□ no	<u> </u>	Student Name	School	Grade
County Approval  yes	□ no		THIS CONTRACT	S FOR:	
Parent or Guardian Name: (Plea	se Print)		Grades 1-12 ☐ 1st Semester Or	nly   2nd Semester Onl	y   Both Semesters
Stacie Ferguson			Pre-kindergarten/Ki	ndergarten	
Physical Address (street address	s only):		☐ 1st Semester Or	nly 2nd Semester Onl	y   Both Semesters
				PREKINDERGARTEN:	ana atudanta alaa aayarad
Distance from home to nearest s Elementary <b>4.3</b> HS <b>0</b>	school (one way)		by this contract: To or from Bus Stop	times per day,	age students also covered days per week
Distance from home to nearest be Elementary 0 HS 0	ous stop, if any (c	ne way)	To or from School  Kindergarten child	times per day, I rides without other scho times per day, times per day, times per day,	days per week ol-age students:
□ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	le the students to be co	overed by this contract.	Deadlines:	School Clerk June 1.	
Pre-K	K	1-8 9-12			
Total	Total	Total Total	files.	iginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans			COUNTY SUPERIN	ITENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				REIMBURSEMENT RA	
Correspondence			(For	district, county and OPI	use only)
Reg.					all and the co
Contingency Spec Ed Contin				eimbursement rate is deterr 20-10-142, MCA.	ninea by
Spec. Ed. Contin.					
Agreement between parent (pare	ent name)		, and school district	(district name)	,
(county name) The parties agree as follows:		County, here	inafter referred to as the Distri	ct(s).	
<ol> <li>The parent shall transport or provide</li> </ol>			chool or bus stop on the days when schoortation for the distance reported on the		lian assures that a licensed and
<ol><li>In March and June, the District shal transported for the past semester.</li></ol>	I pay the parent the su	m officially approved in the ap	oplication upon certification by the teach	er or principal of the school of the nu	mber of days the student(s) was
This contract shall terminate at the	end of the school year	or when the student(s) is no	-10-142, MCA, and the information acco longer enrolled in school, whichever occ		T = .
Elementary School District Cayuse Prairie Elem	Chair, Board	of Trustees			Date
High School District	Chair, Board	of Trustees			Date
		I attest that the abo	ove information is true and corr	rect.	
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County Legal Entity				
Kila Elem						Flathead		0323		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?						
Are you applying for			□ No		Stu	dent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement		icht ivanic	GCHOOL	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	estances of isola lual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap nmittee, and the	o receive proved by the	Stud	lent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade		
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y    Both Semesters		
Anita J. Golden Physical Address (st	treet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters		
					KIN	DERGARTEN/PRE	(INDEDGAPTEN:			
Distance from home Elementary 5.5	to nearest so HS <b>0</b>	hool (one wa	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week		
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 5.5}$ HS ${\bf 0}$						dergarten child ride	es without other school	ol-age students: days per week days per week		
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark luna 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		y 1, retain a copy for your		
Regular Trans					files					
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT RA	··· <b>-</b>		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Reimb	ursement rate is determ	nined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
-poo. 20. 00mm.										
Agreement between	parent (parei	nt name)			, and	d school district (distr	rict name)	,		
(county name) The parties agree as follow			(	County, hereinat	fter referred	to as the District(s).				
The parent shall tra	nsport or provide t					the days when school is in		ian assures that a licensed and		
	the District shall p							mber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany shool, whichever occurs firs				
Elementary School I			ard of Truste					Date		
Kila Elem High School District		Chair, Boa	ard of Trustee	es				Date		
			Lattest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		. 311001				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval	□ yes □	Ini □ no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	v □ Both Sei	mesters	
Bruce & Jennife	r Benjamin					kindergarten/Kinderg	•	,		
Physical Address (s							☐ 2nd Semester Only	y 🗆 Both Sei	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 4	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	times per day, _ times per day, _	_		
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$					<b>Kin</b> d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ol-age student days	t <b>s:</b> s per week	
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	Dea	adlines:	aal Clark kuna 4			
	Pre-K	K	1-8	9-12		RENTS: Due to Scho				
	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	ul to OBI by July	(10 rotain a	
Spec. Ed. Trans						for your files.	DENTO. Gend ongine	ii to Oi i by July	io, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)				County, hereina	ifter referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	ian assures that a lic	ensed and	
	, the District shall p					nce reported on the contraction by the teacher or pr	rincipal of the school of the nu	mber of days the stud	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish rear or when the	ned in Section 20-10- student(s) is no lond	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.			
Elementary School Kila Elem			ard of Truste					Date	_	
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		i alles	נ נווסג נווכ מטטעפ	miomation	is true and correct.	Date			
<u> </u>										

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Kila Elem						Flathead		0323			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1						
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade		
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the							
Elem District Approval		no	tials		Stud	lent Name	School		Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters		
Bulinda K. Egley	y				Pre-	kindergarten/Kinderg	parten				
Physical Address (s	treet address	only):					2nd Semester Onl	y 🗆 Both Se	mesters		
						DERGARTEN/PREM					
Distance from home Elementary 6	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day.	_			
Distance from home to nearest bus stop, if any (one way) Elementary 6 HS 0				Kin	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:			
□ Contract is for o	ne-way only				To	or from School	times per day, _	days	s per week		
Students in Each Grade Le	• •	the students to t	ne covered by thi	is contract.	Dea	adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
Do sudon Trono	Total	Total	Total	Total	CLE files		: Send original to County Supt by July 1, retain a copy for you				
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	al to OPI by July	10, retain a		
Room & Board						RE	IMBURSEMENT RA	ATF			
							rict, county and OPI				
Correspondence											
Reg. Contingency						Reimbu	ursement rate is deterr	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
	· ·	'									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································		
(county name)			(	County, hereina	after referred	to as the District(s).					
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lic	censed and		
<ol><li>In March and June,</li></ol>	, the District shall p					nce reported on the contract fication by the teacher or pr	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was		
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10	-142, MCA, and	the information accompany	ing this contract.				
Elementary School			ard of Truste		30. CINORCU III SC			Date			
Kila Elem High School District		Chair, Boa	ard of Truste	es				Date			
			- علام ا	t that the above	informatia	in true and as					
Signature - Parent or	Guardian		ı attes	ı ınaı ine above	iniormation	is true and correct.	Date				
	<b></b>										

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity				
Kila Elem						Flathead		0323				
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity				
Is this contract share	od botwoon ol	omontary an	d high scho	V2								
ges no	eu between ei	ememary an	u nign schoo	א וע								
Are you applying for			□ No		Stuc	dent Name	School		Grade			
(If yes, please attack ISOLATION: Section 2			increased rein	nbursement	1	ioni ramo	0011001		Olddo			
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	dent Name	School		Grade			
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the			John Harrio	3011301		Olddo			
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	dent Name	School		Grade			
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap imittee	proved by the								
			tials		Student Name School Grade							
Elem District Approval HS District Approval	HS District Approval □ yes □ no						THIS CONTRACT IS FOR:					
County Approval  Parent or Guardian						des 1-12	<u>)K:</u>					
Parent of Guardian	ivallie. (Fleas	e Fillit)			□ 1	st Semester Only	□ 2nd Semester Onl	ly   Both Se	mesters			
Carrie Derby					Pre-	kindergarten/Kinder	garten					
Physical Address (s	treet address	only):			□ 1	st Semester Only	☐ 2nd Semester Onl	ly   Both Se	mesters			
						DERGARTEN/PRE						
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	es with other school-	age students a	lso covered			
Elementary 4	HS <b>0</b>	`	,		To c	or from Bus Stop	times per day, _	days	s per week			
Distance from home	to nearest bu	is stop, if any	(one way)		To o	or from School dergarten child ride	times per day, _es <u>without</u> other scho	days	s per week			
Elementary 0	HS <b>0</b>				To c	or from Bus Stop	times per day, _	days	s per week			
☐ Contract is for or	ne-way only				To c	or from School	times per day, _	days	s per week			
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	<u>Dea</u>	adlines:						
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.					
	Total	Total	Total	Total			to County Supt by Jul	ly 1, retain a cop	by for your			
Regular Trans					files							
Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July	10, retain a			
Spec. Eu. Hans					copy	y for your files.						
Room & Board							IMBURSEMENT R					
Correspondence						(For dist	rict, county and OPI	use only)				
Reg.						_						
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by				
Spec. Ed. Contin.												
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,			
(	. "	,		Darratir hanaina		·	,					
(county name) The parties agree as follow				•		to as the District(s).						
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	nly when transportat	tion for the dista	nce reported on the contract						
transported for the	past semester.	•	•		·	•	rincipal of the school of the nu	imber of days the stu	dent(s) was			
<ol><li>This contract shall</li></ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany chool, whichever occurs firs		1				
Elementary School Kila Elem	District	Chair, Boa	ard of Truste	es				Date				
High School District		Chair, Boa	ard of Truste	es				Date				
0:	0 "		I attes	that the above	information	is true and correct.	Dete					
Signature - Parent or	Guardian						Date					

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity				
Kila Elem						Flathead		0323				
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity				
Is this contract share	od botwoon ol	omontary ar	d high scho	al2								
ges no	ed between en	ementary ar	id riigir scriot	JI:								
Are you applying for			□ No		Stuc	dent Name	School		Grade			
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	nrovides for	increased rein	nbursement	1	aciii i vaiii c	Concor		Orado			
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade			
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the			John Harrio	3011001		Olddo			
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	dent Name	School		Grade			
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the			0000.		0.000			
		In	tials		Student Name School Grade							
HS District Approval							THIS CONTRACT IS EOD.					
County Approval		no				THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian	Name: (Please	e Print)				st Semester Only	<ul><li>2nd Semester On</li></ul>	ly 🛛 Both Se	mesters			
Chris & Kimberl					Pre-	kindergarten/Kinderg	garten					
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters			
					KIN	DERGARTEN/PRE	(INDERGARTEN:					
Distance from home	to nearest so	hool (one w	av)		Kind	dergarten child ride	es with other school-	age students a	lso covered			
Elementary 7	HS <b>0</b>	noor (one we	<i>1</i> y)		To c	his contract: or from Bus Stop	times per day, _	day	s per week			
Distance from home	to nearest hu	e eton if an	v (one way)		To c	or from School	times per day,	days	s per week			
Elementary <b>0</b>	HS 0	is stop, ii aii	y (One way)		To c	dergarten child ride or from Bus Stop	es <u>without</u> other scho	ool-age studen day:	t <b>s:</b> s per week			
□ Contract is for o	ne-way only				To c	or from School	times per day,	days	s per week			
Students in Each Grade Le	, ,	the students to b	be covered by thi	s contract.	Dea	adlines:						
				-	PAF	RENTS: Due to Scho	ool Clerk June 1.					
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original	to County Supt by Jul	ly 1, retain a co	oy for your			
Regular Trans					files							
regular Trails					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a			
Spec. Ed. Trans					copy	y for your files.						
Room & Board							IMBURSEMENT R					
Correspondence						(For dist	rict, county and OPI	use only)				
Reg. Contingency						Reimbi	ursement rate is deter	mined by				
Spec. Ed. Contin.							20-10-142, MCA.					
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,			
(county name)			(	County, hereina	ifter referred	to as the District(s).						
	ansport or provide t						session. The parent or guard	dian assures that a li	censed and			
<ol><li>In March and June,</li></ol>	, the District shall p					nce reported on the contract fication by the teacher or pro-	ct actually occurs. rincipal of the school of the nu	umber of days the stu	ident(s) was			
	be computed on th					the information accompany						
4. This contract shall Elementary School			year or when the ard of Truste		ger enrolled in so	chool, whichever occurs firs	t.	Date				
Kila Elem <sup>*</sup>		,										
High School District		Chair, Boa	ard of Truste	es				Date				
			Lattes	t that the above	information	is true and correct.						
Signature - Parent or	Guardian						Date					
-												

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	IT 59620-2501		Du	ie to Schoo	ol Clerk June 1				
Elementary District Respons	sible for Reimbursing th	ne Contract			County Legal Entity				
Kila Elem					Flathead		0323		
High School or K-12 District	Responsible for Reim	oursing the Cont	ract		County		Legal Entity		
Is this contract shared be ☐ yes ☐ no	etween elementary a	and high school	ol?	<u> </u>					
Are you applying for isola	ation status?   Yes	□ No		Stud	ent Name	School	Grade		
(If yes, please attach exp ISOLATION: Section 20-10	olanation) 1-142. MCA. provides f	or increased rein	nbursement	Olda	CHENTAINC	GCHOOL	Grade		
rates for special circumstand increased rates, individual c trustees of the district, the or Public Instruction. (10.7.116	ces of isolation of resid ircumstances must be ounty transportation co	ence. In order to reviewed and apomittee, and the	o receive proved by the	Stud	ent Name	School	Grade		
Check here only if increased District Trustees and the Co	l payment due to isola	ion has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval		Initials		Stud	ent Name	School	Grade		
County Approval	yes 🗆 no 🔃				CONTRACT IS FO es 1-12	DR:			
Parent or Guardian Nam	e: (Please Print)				es 1-12 st Semester Only	□ 2nd Semester Only	y   Both Semesters		
Clint & Isa Groyer				Pre-l	kindergarten/Kinder	garten			
Physical Address (street	address only):						y    Both Semesters		
Distance from home to n Elementary 0 HS  Contract is for one-w Students in Each Grade Level - C  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency	∃S <b>0</b> earest bus stop, if a S <b>0</b> ay only	ny (one way)	s contract.  9-12 Total	Kind by th To o To o Kind To o To o  Dea PAR CLE files.	ris contract:  from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Scho RKS: Send original  NTY SUPERINTEN for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day, tool Clerk June 1.	days per week da		
Spec. Ed. Contin.									
Agreement between parent (parent name), and school district (district name),  (county name)									
Kila Elem High School District		oard of Truste	es				Date		
. ngn conoor bistrict	Olidii, D	cara or riusice					Date		
		I attest	that the above	information	s true and correct.				
Signature - Parent or Guar	dian					Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Stu	dent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement		icht ivanic	GCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	estances of isola lual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Clint Grover Physical Address (s	treet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary <b>6.2</b>	to nearest so	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home to nearest bus stop, if any (one way) Elementary <b>6.2</b> HS <b>0</b>						dergarten child ride	es without other school	ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	··· <b>-</b>
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
p								
Agreement between	parent (parei	nt name)			, and	d school district (distr	rict name)	,,
(county name) The parties agree as follow			(	County, hereinat	fter referred	to as the District(s).		
The parent shall tra	nsport or provide t					the days when school is in		ian assures that a licensed and
	the District shall p							mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany chool, whichever occurs first		
Elementary School I Kila Elem			ard of Trustee					Date
High School District		Chair, Boa	ard of Trustee	es				Date
			Lattest	that the above	information	is true and correct.		
Signature - Parent or	Guardian		. 311001				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501		Dι	ue to Scho	ol Clerk June 1				
Elementary District Responsible for Re	imbursing the C	Contract			County	•	Legal Entity		
Kila Elem					Flathead		0323		
High School or K-12 District Responsib	le for Reimburs	ing the Conti	ract		County		Legal Entity		
Is this contract shared between ele  ☐ yes ☐ no	ementary and	high schoo	ol?						
Are you applying for isolation statu		□ No		Stud	lent Name	School	Grad	<del>_</del>	
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	, provides for in								
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans	es must be revi sportation comm	ewed and ap littee, and the	proved by the	Stud	lent Name	School	Grad	<del>-</del> e	
Public Instruction. (10.7.116 ARM prov	, and the second	ŕ		Stud	lent Name	School	Grad	<del>_</del>	
Check here only if increased payment of District Trustees and the County Trans	portation Comm	nittee.	proved by the						
	Initia □ no	als 		Student Name School Grade					
	□ no □ no				CONTRACT IS FO	DR:			
Parent or Guardian Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y		
Daniel Frary				Pre-	kindergarten/Kinder	garten			
Physical Address (street address	only):						y		
					DERGARTEN/PREM				
Distance from home to nearest sc Elementary 5 HS 0	hool (one way	<b>'</b> )		bv t	his contract:		age students also cove		
Distance from home to nearest bus stop, if any (one way)				Kind	dergarten child ride	es <u>without</u> other scho	days per wee days per wee ol-age students:		
Elementary <b>0</b> HS <b>0</b>				To c	r from Bus Stop r from School	times per day, _ times per day,	days per wee	ŧk ŧk	
☐ Contract is for one-way only	the etudente te he	accorded by this	tt		adlines:		• •		
Students in Each Grade Level - Only include					RENTS: Due to Scho	ool Clerk June 1.			
Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files	<b>RKS:</b> Send original to County Supt by July 1, retain a copy for your				
Regular Trans				COL	JNTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retai	in a	
Spec. Ed. Trans					for your files.				
Room & Board						IMBURSEMENT RA			
Correspondence					(For dist	rict, county and OPI	use only)		
Reg.					Dairek.		ain a d lav		
Contingency Spec Ed Contin					Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.									
Agreement between parent (parer	nt name)			, and	I school district (distr	rict name)			
(county name) The parties agree as follows:			County, hereinat	fter referred	to as the District(s).				
The parent shall transport or provide t insured driver will transport the studer							ian assures that a licensed and		
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	ay the parent the s	sum officially ap	pproved in the applica	ation upon certi	fication by the teacher or pr	rincipal of the school of the nu	mber of days the student(s) was		
The payment shall be computed on the This contract shall terminate at the enterminate at the enterminat	d of the school yea	ar or when the	student(s) is no longe	142, MCA, and er enrolled in so	the information accompany hool, whichever occurs firs	ring this contract. t.	I.S.		
Elementary School District Kila Elem	Chair, Boar	a ot Trustee	es				Date		
High School District	Chair, Boar	d of Trustee	es				Date		
	<u> </u>	l attest	that the above	information	is true and correct.				
Signature - Parent or Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Dι	ue to Scho	ol Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				•		
Are you applying for			□ No		Stud	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased reir	mbursement	]		001.00	5.445		
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider ses must be re sportation com	nce. In order to eviewed and apprinted in the contract of the	o receive oproved by the	Stuc	lent Name	School	Grade		
Check here only if incre	·	J	ŕ	proved by the	Stud	lent Name	School	Grade		
District Trustees and th	e County Trans	portation Con		,	Stuc	lont Namo	School	Grade		
Elem District Approval HS District Approval		□ no □ no	<del></del>							
	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y   Both Semesters		
Deborah Holt					Pre-	kindergarten/Kinder	garten			
Physical Address (st	reet address	only):			□ 1	st Semester Only	☐ 2nd Semester Onl	y    Both Semesters		
Distance from home to nearest school (one way) Elementary 21 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.						DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original or for your files.  REGION OF THE PROPERINTEN OF TH	times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week  y 1, retain a copy for your li to OPI by July 10, retain a		
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s:  nsport or provide t ansport the studer the District shall p aast semester. e computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applica ned in Section 20-10- student(s) is no longer	fter referred  I or bus stop on ion for the dista ation upon certi  142, MCA, and	nce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was		
Kila Elem <sup>*</sup>		,								
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ue to School	Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		(	County	<u> </u>	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Di	strict Responsit	ole for Reimbu	irsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•
Are you applying for			□ No		Studer	nt Name	School	Grade
(If yes, please attack ISOLATION: Section 3	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement				
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate the series of the	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade
District Trustees and the Elem District Approval	-		nmittee. itials		Studer	nt Name	School	Grade
HS District Approval County Approval	□ yes	□ no			THIS	CONTRACT IS FO	OR:	
Parent or Guardian					Grade	s 1-12	<del></del>	= <b>D</b> # <b>O</b>
	,	,			☐ 1st	Semester Only	□ 2nd Semester Only	y   Both Semesters
Denise Conner Physical Address (s	treet address	only):				ndergarten/Kinder Semester Only		y □ Both Semesters
					KINDE	FRGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 5	to nearest so	chool (one w	ay)		Kinde by this	rgarten child ride s contract:	es with other school-a	days per week days per week days per week
Distance from home Elementary <b>0</b>	ıs stop, if an	y (one way)		<b>Kinde</b> To or f	rgarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week	
☐ Contract is for or	ne-way only				10 01 1	Irom School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	s contract.	Deac	<b>llines:</b> NTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans					files.		to county cupt by cuit	, .,
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						 Reimbi	ursement rate is detern	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parei	nt name)			, and s	school district (distr	rict name)	,,
(county name) The parties agree as follow	16.			County, hereinaf	fter referred to	as the District(s).		
<ol> <li>The parent shall tra</li> </ol>	nsport or provide					e days when school is in e reported on the contrac		ian assures that a licensed and
	the District shall p							mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	142, MCA, and the	information accompany ol, whichever occurs firs	ring this contract. t.	
Elementary School I			ard of Truste					Date
Kila Elem High School District		Chair, Boa	ard of Truste	es				Date
			Lattes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian		i alles	נ נוזמנ נוזט מטטעכ	inomiation is	and correct.	Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Helei	na, MT 59620	)-2501		Du	ie to School	Clerk Jurie 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?						
Are you applying for			□ No		Stude	nt Name	School	Grade		
(If yes, please attac	h explanation)	nrovides for	increased rein	nbursement	Oldde	THE TABLE	GCHOOL	Grade		
rates for special circun increased rates, individurustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and ap mittee, and the	receive proved by the	Stude	nt Name	School	Grade		
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade		
Elem District Approval			tials		Stude	nt Name	School	Grade		
HS District Approval	□ yes □	□ no			TUIC	CONTRACT IS E	DP.			
County Approval  Parent or Guardian		no			THIS CONTRACT IS FOR: Grades 1-12					
	rtame. (r icas	o i iliti			☐ 1st	Semester Only	☐ 2nd Semester Or	nly   Both Semesters		
Ginger Rapp Physical Address (s	troot addroos	only):				ndergarten/Kinder				
Filysical Address (s	dieet address	ority).			☐ 1st	: Semester Only	☐ 2nd Semester Or	nly   Both Semesters		
							KINDERGARTEN:			
Distance from home Elementary 9	e to nearest so HS <b>0</b>	chool (one wa	ay)		<b>by th</b> i To or	s contract: from Bus Stop	times per day,	-age students also covered days per week		
Distance from home Elementary <b>0</b>	e to nearest bu	us stop, if any	(one way)		To or <b>Kinde</b>	from School <pre>ergarten child ride</pre>	times per day, es <u>without</u> other sch	days per week		
□ Contract is for o	ne-way only				To or	from School	times per day,	days per week		
Students in Each Grade Lo	, ,	the students to b	e covered by thi	s contract	Dead	dlines:				
					PARE	NTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER	KS: Send origina	I to County Supt by Ju	uly 1, retain a copy for your		
Regular Trans					COLIN	ITY CUDEDINTEN	IDENTS: Cond origin	and to ODI by July 40 matein a		
Spec. Ed. Trans						for your files.	NDEN 15: Send ongir	nal to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT F			
Correspondence						(For dist	trict, county and OF	Pl use only)		
Reg.										
Contingency						Reimb	ursement rate is determined and 20-10-142, MCA.	rmined by		
Spec. Ed. Contin.							20-10-142, WCA.			
				<u> </u>						
Agreement betweer	n parent (parei	nt name)			, and s	school district (dist	rict name)	,		
(county name)			(	County, hereinaf	ter referred to	o as the District(s).				
The parties agree as follow 1. The parent shall tra		transportation for	the student(s) to	and from the school	or bus stop on th	e days when school is ir	n session. The parent or gua	ardian assures that a licensed and		
<ol><li>In March and June</li></ol>	, the District shall p					e reported on the contra ation by the teacher or p		number of days the student(s) was		
	be computed on the					e information accompan				
4. This contract shall Elementary School Kila Elem			ear or when the ard of Truste		er enrolled in scho	ool, whichever occurs fire	st.	Date		
High School District	:	Chair, Boa	ard of Trustee	es				Date		
			I attest	that the above i	information is	true and correct.	Le :			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	)-2501		Du	Due to School Clerk June 1				
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	·	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Contr	act		County		Legal Entity	
Is this contract share	ad batwaan al	omontary an	nd high schoo	12					
ges no	eu permeen ei	ememary ar	iu riigii scrioo	11:					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2	n explanation	nrovides for	increased reim	hursement	Otac	CH Name	CCHOOL	Orauc	
rates for special circum	stances of isola	ation of resider	nce. In order to	receive	Stuc	lent Name	School	Grade	
increased rates, individ trustees of the district,	the county trans	sportation com	mittee, and the		Otac	CH Name	CCHOOL	Orauc	
Public Instruction. (10.7	7.116 ARM prov	vides guideline	s for such.)		Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been app	proved by the	Otac	che rame	Concor	Orduc	
		In	itials		Stuc	ent Name	School	Grade	
Elem District Approval HS District Approval		□ no □ no					CCHOOL	Orauc	
County Approval		□ no				des 1-12			
Parent or Guardian	Name: (Pleas	e Print)					nd Semester Only	□ Both Semesters	
Heidi Black					Pre-	kindergarten/Kindergarten	1		
Physical Address (s	treet address	only):				st Semester Only   2		□ Both Semesters	
					KIN	DERGARTEN/PREKINDE	RGARTEN.		
Distance from home	4	.h 1. /			Kind	lergarten child rides <u>wit</u> l		ge students also covered	
Distance from home Elementary <b>5.9</b>	to nearest so	cnool (one wa	ay)		by t	his contract: r from Bus Stop	times ner dav	days ner week	
·			,		To c	r from School	times per day,	days per week	
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kind	lergarten child rides <u>witl</u> r from Bus Stop	hout other schoo	ol-age students:	
					To c	r from School	times per day,	days per week	
☐ Contract is for or	, ,	41			Do	adlines:			
Students in Each Grade Le	evel - Only include	the students to t	be covered by this	s contract.	PAF	EENTS: Due to School Cle	erk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	<b>DKS.</b> Sand original to Co	ounty Cunt by July	1 rotain a convitor your	
	Total	Total	Total	Total	files	<b>RKS</b> : Send original to Co	Junity Supt by July	r, retain a copy for your	
Regular Trans					COL	INTV SUDEDINTENDENT	FC. Sond original	to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.	13. Send onginal	to OFI by July 10, letail a	
Room & Board						REIMBI	JRSEMENT RA	TF	
							county and OPI u		
Correspondence						·			
Reg.						Reimbursem	ent rate is determi	 ined by	
Contingency Spec. Ed. Contin.							-10-142, MCA.		
opeo. La. contin.									
Agreement between	parent (pare	nt name)			, and	school district (district na	me)	,	
(county name)			_	County hereinaf	ter referred	to as the District(s).			
The parties agree as follow		transportation for		•		,	. The nevent or sucretic	on accounce that a licensed and	
insured driver will to	ansport the stude	nts. Mileage cor	tracts are valid or	nly when transportation	on for the dista	the days when school is in session nce reported on the contract actual	lly occurs.		
transported for the	past semester.				•	ication by the teacher or principal		Dei oi days the student(s) was	
<ol><li>This contract shall</li></ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		the information accompanying this hool, whichever occurs first.	contract.		
Elementary School I Kila Elem	District	Chair, Boa	ard of Trustee	es				Date	
High School District		Chair, Boa	ard of Trustee	es				Date	
			1 -4- 1	4la a 4 4la a - l : '	informer - 41 :	in two and access			
Signature Provide	Cuerdia		ı attest	tnat the above i	information	is true and correct.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	d high scho	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1					
rates for special circum increased rates, individ trustees of the district,	dual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the						
Elem District Approval		no	tials		Stud	dent Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters	
Jason & Kathy I	Meyer					·		,		
Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
					KIN	DERGARTEN/PREM	(INDERGARTEN:			
Distance from home Elementary 8	e to nearest sc HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s with other school-a times per day, _ times per day, _	_		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if an	y (one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	ol-age student	<b>ts:</b> s per week	
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week	
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.	Dea	adlines:				
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	by for your	
Regular Trans							DENTC: Cond origina	olda ODI boolool	. 10	
Spec. Ed. Trans						for your files.	<b>DENTS</b> : Send origina	ii to OPI by July	r 10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20 .0 .12, 110/1			
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		,	
(county name)			(	County, hereina	fter referred	to as the District(s).				
	ansport or provide t						session. The parent or guard	lian assures that a lid	censed and	
	, the District shall p					nce reported on the contraction by the teacher or pr	t actually occurs. incipal of the number of the number of the school of the number of	mber of days the stu	dent(s) was	
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.			
Elementary School			ard of Truste		,	,	-	Date		
Kila Elem High School District		Chair, Boa	ard of Truste	es				Date		
			Lottes	t that the above	informatica	in true and some				
Signature - Parent or	Guardian		ı attes	t triat the above	mormation	is true and correct.	Date			
griataro i arciit Or	- au aiuii									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reimbursing the Contract   County   Legal Entry		na, MT 59620	-2501		Dι	ue to Schoo	ol Clerk June 1		
High School or K-12 Distrot Responsible for Rembursing the Contract   Downly   Lisque Entity	Elementary District Res	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
High School or K-12 Distrot Responsible for Rembursing the Contract   Downly   Lisque Entity	Kila Flem						Flathead		0323
Are you applying for isolation status?   Yes		strict Responsit	ole for Reimbu	rsing the Cont	tract				
Are you applying for isolation status?   Yes									
Student Name   School   Grade		ed between el	ementary ar	nd high schoo	ol?				•
Solution Science 20-10-12, MCA, provides for increased reimbursement rates for special cramsalances of solution of residence. In order to receive increased rates, individual commandances must be reviewed and approved by the providence of the control of the providence of the providence of the control of the providence of the providen				□ No		Stud	ent Name	School	Grade
Student Name	ISOLATION: Section 2	20-10-142, MCA	A, provides for	increased reir	mbursement	1			
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes	increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	oproved by the	Stud	ent Name	School	Grade
Student Name   School   Grade	,		, ,	ŕ	poroved by the	Stud	ent Name	School	Grade
Student Name			sportation Con	nmittee.	proved by the				
Parent or Guardian Name: (Please Print)			□ no			Stud	ent Name	School	Grade
Statement between parent (parent name)								DR:	
Ist Semester Only   2nd Semester Only   Both Semesters	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	/ □ Both Semesters
Ist Semester Only   2nd Semester Only   Both Semesters	Jim & Tracy Lee	)				Pro-	kindergarten/Kinder	narten	
Distance from home to nearest school (one way)  Elementary 16.1 HS 0  Distance from home to nearest school (one way)  Elementary 16.1 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K Total Total Total Total  For India Total Total Total  Correspondence  Reg.  Contract so For one-way only  Spec. Ed. Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)	Physical Address (s	treet address	only):						/ □ Both Semesters
Distance from home to nearest school (one way)  Elementary 16.1 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level- Only include the students to be covered by this contract.  Pre-K K Total Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Reg.  Agreement between parent (parent name)						KINI	DERGARTEN/PRE	(INDERGARTEN:	
Contract is for one-way only			chool (one wa	ay)		bv tl	nis contract:		
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   Total   Total   Total   Total   Total   Total     Regular Trans			ıs stop, if an	y (one way)		<b>Kind</b> To o	lergarten child rider r from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg., Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  Doubte transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and the school or the name of the school or the number of days the student(s) was transported for the past semester.  The parent shall be contract actually occurs.  The parent shall be computed on the basis of the school or the sum officially approved in the application upon certification by the teacher or principal of the school or the number of days the student(s) was transported for the past semester.  The parent shall be contract actually occurs.  The parent shall be account of the school or the school or the number of days the student(s) was transported for the past semester.  The parent shall be account of the school or the number of days the student(s) was transported for the past semester.  The parent shall be account of the school or the number of days the student(s) was transported for the past semes	☐ Contract is for or	ne-way only				Тоо	r from School	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport dor provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation by the teacher or principal of the school of the school of the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.			101 1 1	
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (district name)  County name)  County name)  County, hereinafter referred to as the District)  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall promiped on the basis of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  I attest that the above information is true and correct.		Pre-K	K	1-8	9-12	PAR	(ENIS: Due to Sch	ool Clerk June 1.	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)		Total	Total	Total	Total			to County Supt by July	/ 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans							IDENTS: Cond origina	I to ODI had balled O motoire o
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parties agree as follows: 1. The parties agree as follows: 2. In March and June, the District shall pay the parent the sun officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees High School District Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Trans							IDEN 15: Send origina	i to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon defined the school of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Room & Board						RE	IMBURSEMENT RA	ATE
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)									
Agreement between parent (parent name)	•						Reimbi		nined by
County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.							20-10-142, WCA.	
County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Chair, Board of Trustees  I attest that the above information is true and correct.					· · · · · · · · · · · · · · · · · · ·				
County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	parent (pare	nt name)			, and	l school district (distr	rict name)	
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  1. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.			/				,	,	······································
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Kila Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	The parties agree as follow				•		` '	· -	
transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	insured driver will to	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	tion for the distar	nce reported on the contract	ct actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District   Chair, Board of Trustees   Date    High School District   Chair, Board of Trustees   Date    I attest that the above information is true and correct.	transported for the	past semester.		•				·	nber of days the student(s) was
Kila Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>This contract shall</li></ol>	terminate at the er	nd of the school	year or when the	student(s) is no longe	142, MCA, and t er enrolled in sc	tne intormation accompany hool, whichever occurs firs	ring this contract. t.	I.a.
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	•	District	Chair, Boa	ard of Truste	es				Date
			Chair, Boa	ard of Truste	es				Date
			<u> </u>	I attes	t that the above	information	is true and correct.		
	Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	202501 MT 59620-	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Respo	nsible for Rei	mbursing the	Contract			County		Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Distri	ct Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	between ele	ementary an	d high scho	ol?				
Are you applying for iso		s? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach e. ISOLATION: Section 20-	xplanation) 10-142, MCA,	, provides for	increased reir	mbursement	Otac	ioni ramo	2011001	Olddo
rates for special circumsta increased rates, individual trustees of the district, the	circumstance county transp	es must be re- portation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School	Grade
Public Instruction. (10.7.11) Check here only if increase	ed payment d	due to isolation	n has been ap	proved by the	Stud	dent Name	School	Grade
District Trustees and the C		Ini	mittee. tials		Stuc	dent Name	School	Grade
		no						Graue
County Approval  Parent or Guardian Na	yes	no				S CONTRACT IS Formula   See 1-12	OR:	
	,	e Plilit)			□ 1	st Semester Only	☐ 2nd Semester Only	□ Both Semesters
Joe & Dawn Gross Physical Address (stree		only):				kindergarten/Kinde		- D # 0
1 Hysical Address (street	or address c	) i ii <b>y</b> ).			□ 1	st Semester Only	□ 2nd Semester Only	□ Both Semesters
Distance from home to Elementary 4.7  Distance from home to Elementary 0 Homeoff Program	HS <b>0</b> nearest bus HS <b>0</b> way only	s stop, if any	/ (one way)	s contract.  9-12 Total	Kine by t To c To c Kine To c To c  Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child rid or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send origina  JINTY SUPERINTE of for your files.	times per day, times per day, times per day, es without other school times per day, times day, times per day, times per day, times day, times per day, times day, times per day, times day,	days per week days per week  7 1, retain a copy for your  1 to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.						Reimb	oursement rate is determ 20-10-142, MCA.	nined by
(county name) The parties agree as follows:  1. The parent shall transp insured driver will trans 2. In March and June, the transported for the past 3. The payment shall be c	ort or provide tr port the student District shall pat semester.	ansportation for ts. Mileage con ay the parent the	the student(s) to tracts are valid of e sum officially a	County, hereinaf o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s) the days when school is incereported on the contra	n session. The parent or guardi act actually occurs. principal of the school of the nun ying this contract.	an assures that a licensed and
Elementary School Dis Kila Elem			ard of Truste		, , , , , ,	,		Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or Gu	ardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Helen	a, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1			
Elementary District Res	Elementary District Responsible for Reimbursing the Contract					County	_	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	nd hotwoon ol	omontary an	d high school	J2					
ges no	tu between en	ememary an	iu riigii scriot	י וכ					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	explanation)	nrovides for	increased rein	nbursement	1	ient itame	Contool		Orado
rates for special circum	stances of isola	tion of resider	nce. In order to	o receive	Stud	lent Name	School		Grade
increased rates, individual trustees of the district, t	he county trans	portation com	mittee, and the			ione realito	2011001		Olddo
Public Instruction. (10.7	'.116 ARM prov	ides guideline	s for such.)		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the			2323.		0.000
		Ini	tials		Stud	lent Name	School		Grade
Elem District Approval HS District Approval	□ yes □	□ no □ no							
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>		
Parent or Guardian N	vame: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly 🛛 Both Se	mesters
John Yogerst					Pre-	kindergarten/Kinder	garten		
Physical Address (st	reet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters
					KINI	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home	to nearest so	hool (one wa	av)		Kind	dergarten child ride	s with other school-	age students a	Iso covered
Elementary 5	HS 0	noor (one we	<b>4 y</b> /		Too	his contract: or from Bus Stop	times per day,	days	s per week
Distance from home	to nearest bu	is ston if any	v (one way)		To o	r from School	times per day, ses without other school	days	s per week
Elementary 0	HS 0	io otop, ii diij	y (one way)		To o	r from Bus Stop	times per day,	ooi-age student days	:s: s per week
□ Contract is for on	ne-way only				To o	r from School	times per day,	days	per week
Students in Each Grade Le	, ,	the students to b	be covered by thi	s contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE	RKS: Send original	to County Supt by Jul	ly 1, retain a cop	by for your
Regular Trans					files	•			
•					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans					copy	for your files.			
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is deteri	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
A		-4				1 1 - 4 - 4 - 4 / - 1 - 4	: - t \		
Agreement between	parent (parer	it name)			, and	I school district (distr	ict name)		······································
(county name) The parties agree as follows:			(	County, hereina	fter referred	to as the District(s).			
The parent shall tran	nsport or provide t						session. The parent or guard	dian assures that a lic	ensed and
	the District shall p					nce reported on the contraction by the teacher or proceedings of the contraction by the teacher or proceedings of the contraction of the contracti	rincipal of the school of the nu	ımber of days the stu	dent(s) was
<ol><li>The payment shall be</li></ol>	e computed on th					the information accompany			
Elementary School D			ard of Truste		jer emonea m sc	niooi, whichever occurs firs	ι.	Date	
Kila Elem High School District		Chair Boo	ard of Truste	96				Date	
- Ingri School District		Chall, DO	aru or muste					Date	
			I attest	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Dι	ue to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	A, provides for			]			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if incre	·	J	ŕ	proved by the	Stud	ent Name	School	Grade
District Trustees and th		portation Con		provou by ano	<u> </u>		Ochool	Overla
Elem District Approval HS District Approval		□ no □ no	<del></del>		Stud	ent Name	School	Grade
County Approval	ges	□ no				es 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Joletha Mills					Pre-l	kindergarten/Kinder	parten	
Physical Address (s	treet address	only):						/ □ Both Semesters
Distance from home Elementary 7.1  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	9-12 Total	KINE Kind by th To 0 To 0 Kind To 0 To 0  Dea PAR CLE files.	DERGARTEN/PREP ergarten child ride nis contract: r from Bus Stop r from School ergarten child ride r from School modifies: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide to ansport the studer the District shall past semester. be computed on the terminate at the er	rransportation for the substitution for the parent the parent the substitution of the school of the	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applic ned in Section 20-10- student(s) is no long.	fter referred  I or bus stop on the distantation upon certification, and the stantation upon certification upon certification.	ce reported on the contract	session. The parent or guardi at actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and inber of days the student(s) was
Kila Elem High School District		Chair Bos	ard of Truste	es				Date
. light control bistrict		Chair, Boo						Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	)-2501		Dι	ue to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	_	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 Di	istrict Responsib	ole for Reimbu	rsing the Conf	tract		County		Legal Entity	
	•					-			
				10					
Is this contract share  □ yes □ no	ed between ei	ementary ar	na nign scho	OI ?					
Are you applying for	· isolation statu	us? □ Yes	□ No		-				_
(If yes, please attacl	h explanation)	)			Stud	lent Name	School	Grade	е
ISOLATION: Section 2 rates for special circum	nstances of isola	ation of resider	nce. In order t	o receive					_
increased rates, individ trustees of the district,					Stud	lent Name	School	Grade	е
Public Instruction. (10.7									_
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	е
District Trustees and th	ne County Trans		nmittee. itials						_
Elem District Approval HS District Approval	•	□ no □ no			Stud	lent Name	School	Grade	е
County Approval	•	no			THIS	S CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	lv □ Both Semesters	
Judy Andrews						•		., –	
Physical Address (s	treet address	only):				kindergarten/Kinder st Semester Only		ly   Both Semesters	
						-		., –	
						DERGARTEN/PREI dergarten child ride		age students also cover	ed
Distance from home Elementary <b>3.5</b>	to nearest sc HS <b>0</b>	chool (one w	ay)		bv t	his contract:			
Elementary 3.3	по <b>0</b>				To d	or from Bus Stop or from School	times per day, . times per day	days per week	( (
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	days per week	
Liementary <b>o</b>	110 0				To d	or from Bus Stop or from School	times per day, times per day.	days per week days per week	( (
☐ Contract is for or	ne-way only								
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Dea	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K	_ K	1-8	9-12					
	Total	Total	Total	Total	CLE files		I to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send originate	al to OPI by July 10, retain	ıa
·					000	•			
Room & Board							EIMBURSEMENT R rict, county and OP		
Correspondence						(i oi dist	inct, county and Or	ruse orliy)	
Reg.								<del></del>	
Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
			-						_
Agreement between	n narent (narer	nt name)			and	d school district (dist	rict name)		
/ igreement between	r parent (paren	nt name)				·	,		_,
(county name) The parties agree as follow	vs:			County, hereina	fter referred	to as the District(s).			
						the days when school is in nce reported on the contra		dian assures that a licensed and	
	, the District shall p							umber of days the student(s) was	
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany shool, whichever occurs firs			
Elementary School I			ard of Truste			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date	
Kila Elem High School District		Chair Bos	ard of Truste	es				Date	
. ng.i oonoor bistilot		Chair, Do							
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena MT, 50620-2501

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stuc	dent Name	School		Grade
(If yes, please attac	h explanation) 20-10-142. MCA	A. provides for	increased reir	nbursement	1	ioni ramo	Concor		Orado
rates for special circum increased rates, individ trustees of the district,	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stuc	dent Name	School		Grade
Public Instruction. (10.  Check here only if incomplished Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School		Grade
		In	tials		Stud	dent Name	School		Grade
Elem District Approval HS District Approval	□ yes □	no			TUI	S CONTRACT IS FO	ND.		
County Approval  Parent or Guardian		no			Grad	des 1-12			
	riamo: (i lodo	0 1 mm,			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly ☐ Both Sen	nesters
Julie Smith Physical Address (s	treet address	only):				kindergarten/Kindergst Semester Only	garten □ 2nd Semester Onl	lv □ Both Sen	nesters
						•		.,	
Distance from home Elementary <b>6.6</b> Distance from home	HS <b>0</b>	`			Kind by t To d To d	his contract: or from Bus Stop or from School	es <u>with</u> other school-a times per day, _ times per day, _	days	per week per week
Elementary <b>0</b>	HS <b>0</b>	is stop, ii aii	y (One way)		To c	or from Bus Stop	es <u>without</u> other scho times per day, _ times per day, _	days	per week
□ Contract is for o	ne-way only						unics per day, _	days	per week
Students in Each Grade Le	evel - Only include	the students to t	e covered by thi	s contract.	Dea PAR	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	I to County Supt by Jul	ly 1, retain a cop	y for your
Regular Trans							IDENTO O and a decision	-la- ODLb bab	40
Spec. Ed. Trans						for your files.	IDENTS: Send origina	al to OPI by July	io, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimb	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.	,	
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name) The parties agree as follow				County, hereina	fter referred	to as the District(s).			
The parent shall tra	ansport or provide t					the days when school is in	session. The parent or guard	dian assures that a lice	ensed and
	, the District shall p						rincipal of the school of the nu	imber of days the stud	ent(s) was
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany chool, whichever occurs firs			
Elementary School			ard of Truste			,		Date	
Kila Elem High School District	:	Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		raucs	נ נוום נווס מטטעס	inomation	is true and confect.	Date		
							1		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	d high school	ol?				1	
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attac	h explanation) 20-10-142. MCA	. provides for	increased rein	nbursement	1	ient ivanie	Ochool		Orauc
rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	lent Name	School		Grade
Check here only if incredibition of the check here only incredibition of the check here only incredibition of the check here only incredibition of the check here of the check h	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School		Grade
		In	itials		Stud	lent Name	School		Grade
Elem District Approval HS District Approval	□ yes □	no			TU1	S CONTRACT IS FO	ND.		
County Approval  Parent or Guardian		no			Grad	des 1-12	<u> </u>		
	riamo: (i lodo	0 1 mm,			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly □ Both Ser	nesters
Karla Reinhart Physical Address (s	treet address	only):				kindergarten/Kinderg st Semester Only	garten □ 2nd Semester Onl	ly □ Both Ser	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary <b>4.5</b>	e to nearest so HS <b>0</b>	hool (one wa	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	times per day, times per day,	davs	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho	ool-age student days	s: per week
☐ Contract is for o	ne-way only						times per day, _	uays	pei week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines: RENTS: Due to Scho	nol Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	to County Supt by Jul	ly 1, retain a cop	y for your
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	al to OPI by July	10, retain a
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg. Contingency						Reimbi	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.	,	
орос ш. ос									
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)			(	County, hereina	fter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	dian assures that a lic	ensed and
	, the District shall p					nce reported on the contraction by the teacher or pro-	ct actually occurs. rincipal of the school of the nu	ımber of days the stud	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany			
Elementary School			ard of Truste		ei einoilea in SC	shool, whichever occurs firs	ι.	Date	
Kila Elem High School District		Chair, Boa	ard of Truste	es				Date	
0:	0 "		I attes	that the above	information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1					
Elementary District Res	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Kila Elem						Flathead		0323			
High School or K-12 Di	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share	nd hatwaan al	omontary ar	d high scho	al2							
ges no	eu between en	ememary ar	iu riigii scriot	JI !							
Are you applying for			□ No		Stuc	dent Name	School		Grade		
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	nrovides for	increased rein	nbursement	1	ioni rame	Concor		Orado		
rates for special circum	stances of isola	tion of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade		
increased rates, individ trustees of the district,	the county trans	portation com	mittee, and the			ioni ramo	2011001		Olddo		
Public Instruction. (10.7	7.116 ARM prov	ides guideline	s for such.)		Stuc	dent Name	School		Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the			33.133.		0.000		
		In	tials		Stud	dent Name	School		Grade		
Elem District Approval HS District Approval	□ yes □	□ no □ no									
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>				
Parent or Guardian	Name: (Pleas	e Print)			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly 🛛 Both Se	mesters		
Kathleen Barcla					Pre-kindergarten/Kindergarten						
Physical Address (s	treet address	only):			□ 1	☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
					KIN	DERGARTEN/PRE	(INDERGARTEN:				
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	s with other school-	age students a	lso covered		
Elementary 8	HS <b>0</b>		~}/		To c	or from Bus Stop	times per day, _	day:	s per week		
Distance from home	to nearest bu	s stop. if an	v (one wav)		To c	or from School	times per day, _ es <u>without</u> other scho	days	s per week		
Elementary <b>0</b>	HS <b>0</b>		, (, ,		To c	or from Bus Stop	times per day, _	day:	s per week		
☐ Contract is for or	ne-way only				To c	or from School	times per day, _	days	s per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines:					
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.				
	Total	Total	Total	Total			to County Supt by Jul	ly 1, retain a co	py for your		
Regular Trans					files						
•							IDENTS: Send origina	al to OPI by July	/ 10, retain a		
Spec. Ed. Trans					copy	y for your files.					
Room & Board							IMBURSEMENT R				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.											
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agraament between	narant (narar	ot nama)			000	d ashaal district (distr	riot nama)				
Agreement between	i pareni (parei	it name)			, and	d school district (distr	ict name)		,,		
(county name) The parties agree as follow	ne.		(	County, hereina	fter referred	to as the District(s).					
The parent shall tra	insport or provide t					the days when school is in	session. The parent or guard	dian assures that a li	censed and		
	the District shall p						rincipal of the school of the nu	ımber of days the stu	ident(s) was		
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany					
Elementary School I			ard of Truste		jor omoneu in St	mooi, windlevel Occurs IIIS		Date			
Kila Elem High School District		Chair Bos	ard of Truste	es				Date			
- light Ochool District		Onall, Due	and on Truste					Date			
			I attes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stud	dent Name	School		Grade	
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased rein	nbursement	1					
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade	
Public Instruction. (10.	·	J	ŕ		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the						
Elem District Approval		no	tials		Stud	lent Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y   Both Sei	mesters	
Kelly Pike					Pre-	kindergarten/Kinderg	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters	
						DERGARTEN/PREM				
Distance from home Elementary <b>9.5</b>	to nearest so	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_		
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:	
·					To c	or from School	times per day, _ times per day, _	days days	per week	
☐ Contract is for o	• •	the students to b	ne covered by thi	s contract.	Dea	adlines:				
	Pre-K	К	1-8	9-12		RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	y for your	
Regular Trans					COL	JNTY SUPERINTEN	DENTS: Send origina	al to OPI by July	10, retain a	
Spec. Ed. Trans						for your files.				
Room & Board							IMBURSEMENT RA			
Correspondence						(For disti	rict, county and OPI	use only)		
Reg.						Reimhi	ursement rate is detern	nined by		
Contingency Spec. Ed. Contin.						Rembe	20-10-142, MCA.	Timica by		
5,000. Ed. 00mm.										
Agreement betweer	ı parent (parer	nt name)			, and	d school district (distr	ict name)		,	
(county name) The parties agree as follow	vs:		(	County, hereina	after referred	to as the District(s).				
The parent shall tra insured driver will t	ansport or provide t ransport the studer	nts. Mileage con	tracts are valid o	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•				incipal of the school of the nur	mber of days the stu	dent(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	chedule establish year or when the ard of Truste	student(s) is no long	ger enrolled in so	the information accompany chool, whichever occurs firs	ing tins contract. t.	Data		
Elementary School Kila Elem		,						Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contra	act	County		Legal Entity		
Kila Elem			Flathead		0323		
High School or K-12 District Responsib	ole for Reimbursing t	he Contract	County		Legal Entity		
Is this contract shared between ele   □ yes  □ no	ementary and higl	n school?					
Are you applying for isolation statu		No	Student Name	School	Grade		
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increa	sed reimbursement	]	3611361	3.445		
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In the must be reviewed sportation committee	order to receive d and approved by the , and the Office of	Student Name	School	Grade		
Check here only if increased payment	due to isolation has	been approved by the	Student Name	School	Grade		
District Trustees and the County Trans  Elem District Approval □ yes □	portation Committee Initials □ no	i.	Student Name	School	Grade		
HS District Approval ☐ yes ☐	□ no	_	THIS CONTRACT IS FO	)R·			
Parent or Guardian Name: (Please		<del></del>	Grades 1-12		Deth Organisations		
	,		☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters		
Kim Coen Physical Address (street address	only):		Pre-kindergarten/Kinder  ☐ 1st Semester Only		/ □ Both Semesters		
			KINDERGARTEN/PREI	KINDERGARTEN.			
Distance from home to nearest sc Elementary <b>6.2</b> HS <b>0</b>	hool (one way)		Kindergarten child ride	es <u>with</u> other school-a	ge students also covered  days per week days per week		
Distance from home to nearest but Elementary <b>0</b> HS <b>0</b>	is stop, if any (one	e way)	Kindergarten child ride To or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week		
☐ Contract is for one-way only			10 01 110111 5011001	times per day, _	days per week		
Students in Each Grade Level - Only include	the students to be cove	red by this contract.	Deadlines: PARENTS: Due to Sch	ool Clork June 1			
Pre-K Total		-8 9-12 otal Total	CLERKS: Send origina		/ 1, retain a copy for your		
Regular Trans			files.				
Spec. Ed. Trans			COUNTY SUPERINTEN copy for your files.	IDENTS: Send original	I to OPI by July 10, retain a		
Room & Board				EIMBURSEMENT RA			
Correspondence			(For dist	rict, county and OPI	use only)		
Reg.			Reimh	ursement rate is determ	nined by		
Contingency Spec. Ed. Contin.			T CITIE	20-10-142, MCA.	inica by		
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(county name) The parties agree as follows:		County, hereina	fter referred to as the District(s).				
<ol> <li>The parent shall transport or provide t</li> </ol>			I or bus stop on the days when school is in ion for the distance reported on the contra		ian assures that a licensed and		
			ation upon certification by the teacher or p		nber of days the student(s) was		
<ol><li>The payment shall be computed on the</li></ol>	ne basis of the schedule ad of the school year or	established in Section 20-10- when the student(s) is no long	142, MCA, and the information accompany er enrolled in school, whichever occurs firs	ring this contract.			
Elementary School District Kila Elem	Chair, Board of	Trustees			Date		
High School District	Chair, Board of	Trustees			Date		
		I attest that the above	information is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	02501 1T 59620-2	2501	Due to School Clerk June 1						
Elementary District Respons	sible for Rein	nbursing the	Contract			County	I	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 District	Responsible	e for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared be ☐ yes ☐ no	etween elei	mentary ar	nd high school	ol?					
Are you applying for isola		s? □ Yes	□ No		Stu	dent Name	School	Grade	_
(If yes, please attach exp ISOLATION: Section 20-10	olanation) 0-142, MCA,	provides for	increased rein	nbursement		dent ivallie	CCHOOL	Oracc	-
rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116	ces of isolation circumstance ounty transp	on of resider s must be re ortation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	- e
Check here only if increased District Trustees and the Co	d payment du	ue to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade	9
Elem District Approval	yes 🗆		itials		Stud	dent Name	School	Grade	9
County Approval	yes 🗆	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian Nam	e: (Please	Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Laura H. Rhodes					Pre-	kindergarten/Kinder	garten		
Physical Address (street	address or	nly):						/ □ Both Semesters	
Distance from home to n Elementary 16.5  Distance from home to n Elementary 0 HS  Contract is for one-w Students in Each Grade Level - 0	HS 0 nearest bus S 0 ray only	stop, if an	y (one way)	s contract.	Kinde by to To co Kinde To co Dea	his contract: or from Bus Stop or from School dergarten child ride	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	ge students also covere days per week days per week ol-age students: days per week days per week days per week	(
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your	
Regular Trans					files			, ,,, , , , , , ,	
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send original	I to OPI by July 10, retain	a
Room & Board							EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20 10 112, 11107 (.		
Agreement between pare	ent (parent	name)			, and	d school district (distr	rict name)		_,
(county name)			(	County, hereinat	fter referred	to as the District(s).			
The parties agree as follows:	t or provide tra	insportation for		-			session. The parent or guardi	an assures that a licensed and	
<ol><li>In March and June, the D</li></ol>	istrict shall pay					nce reported on the contraction by the teacher or p		nber of days the student(s) was	
	mputed on the					the information accompany			
4. This contract shall termin Elementary School Distri			year or when the ard of Trustee		er enrolled in so	chool, whichever occurs firs	t.	Date	
Kila Elem High School District		Chair Bo	ard of Truste	96				Date	
riigii oolool District		Oriall, DU	ard or Truster					Date	
			I attest	that the above	information	is true and correct.			
Signature - Parent or Guar	rdian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	T 59620-2501	Due to School Clerk June 1					
Elementary District Respons	ible for Reimbursing	the Contract			County		Legal Entity
Kila Elem					Flathead		0323
High School or K-12 District	Responsible for Rei	mbursing the Cont	tract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	tween elementar	y and high school	ol?				
Are you applying for isola		es 🗆 No		Stude	ent Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10-	lanation) -142. MCA. provides	s for increased reir	mbursement	Otadi	int Name	GCHOOL	Ciado
rates for special circumstance increased rates, individual ci trustees of the district, the co Public Instruction. (10.7.116	es of isolation of res rcumstances must b ounty transportation	sidence. In order to be reviewed and approximate reviewed and the committee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if increased District Trustees and the Cou	payment due to iso	lation has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval	res □ no	Initials		Stude	ent Name	School	Grade
County Approval	/es □ no _				CONTRACT IS FO es 1-12	<u>)R:</u>	
Parent or Guardian Name	e: (Please Print)				t Semester Only	□ 2nd Semester Only	y   Both Semesters
Lorrie m. Gomez Physical Address (street	address only):				indergarten/Kinder t Semester Only		y □ Both Semesters
				KIND	ERGARTEN/PRE	KINDERGARTEN:	
Distance from home to no Elementary 0	earest school (one	e way)		Kind by th To or	ergarten child ride is contract: from Bus Stop	es <u>with</u> other school-a times per day,	days per week
Distance from home to no Elementary 6 HS		any (one way)		Kind	ergarten child ride	es without other school	days per week  ol-age students: days per week days per week days per week
☐ Contract is for one-wa	ay only			10 01	IIOIII SCIIOOI	times per day, _	days per week
Students in Each Grade Level - C	only include the student	s to be covered by thi	is contract.	Dea	dlines: ENTS: Due to Sch	ool Clark June 1	
	re-K K otal Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.			
Regular Trans							
Spec. Ed. Trans					NTY SUPERINTEN for your files.	IDENTS: Send origina	Il to OPI by July 10, retain a
Room & Board						IMBURSEMENT RA	ATF
Correspondence					(For dist	rict, county and OPI	use only)
Reg. Contingency					Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
	' 	·					
Agreement between pare	ent (parent name)			, and	school district (distr	rict name)	,
(county name)					o as the District(s).		
(county name)  The parties agree as follows:	or provide transportation		-				ian assures that a licensed and
insured driver will transpo	rt the students. Mileage	e contracts are valid o	only when transportation	on for the distan	ce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the past set 3. The payment shall be con	emester. nputed on the basis of t	he schedule establish	ned in Section 20-10-1	142, MCA, and th	e information accompany	ving this contract.	
4. This contract shall termina Elementary School Distriction	ate at the end of the sch		student(s) is no longe				Date
Kila Elem	,						
High School District	Chair,	Board of Truste	es				Date
	<u> </u>	I attes	t that the above	information i	s true and correct.		
Signature - Parent or Guar	dian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	od botwoon ol	omontary ar	d high school	al2						
ges no	ed between en	ememary ar	iu riigii scriot	JI !						
Are you applying for			□ No		Stuc	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	nrovides for	increased rein	nbursement	1	ioni rame	Concor		Orado	
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the			ioni ramo	2011001		Olddo	
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Student Name School Grade					
Check here only if incre District Trustees and the	eased payment one County Trans	due to isolatio	n has been ap mittee	proved by the						
		In	tials		Student Name School Grade					
Elem District Approval HS District Approval	□ yes □	no no				0001704071050	<b>.</b> n			
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>			
Parent or Guardian	ivallie. (Fleasi	e Fillit)			□ 1	st Semester Only	2nd Semester Onl	ly   Both Se	mesters	
Marcy Osterday					Pre-	kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			□ 1	st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	ly □ Both Se	mesters	
						DERGARTEN/PREM				
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	s <u>with</u> other school-	age students a	Iso covered	
Elementary 7	HS <b>0</b>	`	,		To c	or from Bus Stop	times per day, _	day:	s per week	
Distance from home	to nearest bu	s stop, if an	y (one way)		To o	or from School dergarten child ride	times per day, _ es <u>without</u> other scho	ool-age studen	s per week	
Elementary 7	HS <b>0</b>				To c	or from Bus Stop	times per day, _	day:	s per week	
☐ Contract is for or	ne-way only				To c	or from School	times per day, _	day:	s per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	adlines:				
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total			to County Supt by Jul	ly 1, retain a co <sub>l</sub>	py for your	
Regular Trans					files					
Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July	/ 10, retain a	
Spec. Eu. Hans					copy	y for your files.				
Room & Board							IMBURSEMENT R			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.								<u></u>		
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	mined by		
Spec. Ed. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(	. "	,		Oarratir hansina		,	,			
(county name) The parties agree as follow				•		to as the District(s).				
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		·		incipal of the school of the nu	imber of days the stu	ident(s) was	
The payment shall be computed on the basis of the schedule established in Section 20-10-142, M     This contract shall terminate at the end of the school year or when the student(s) is no longer enrichment.								_		
Elementary School Kila Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
0:	0 "		I attes	t that the above	information	is true and correct.	Data			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Kila Elem			Flathead		0323		
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County		Legal Entity		
Is this contract shared between e  □ yes □ no	lementary and high scho	ol?	<u> </u>				
Are you applying for isolation stat	us? 🗆 Yes 🗆 No		Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	) A. provides for increased rei	mbursement	Student Name	CCHOOL	Grade		
rates for special circumstances of isola increased rates, individual circumstant trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	oproved by the	Student Name	School	Grade		
Elem District Approval ☐ yes	Initials □ no □ no		Student Name	School	Grade		
County Approval  yes	□ no		THIS CONTRACT IS FO	<u>)R:</u>			
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters		
Mariane Beland Physical Address (street address	only):		Pre-kindergarten/Kinder  1st Semester Only		v □ Both Semesters		
			KINDERGARTEN/PRE	KINDERGARTEN:			
Distance from home to nearest so Elementary <b>4.3</b> HS <b>0</b>	chool (one way)		Kindergarten child ride by this contract: To or from Bus Stop	es <u>with</u> other school-ages times per day,	ge students also covered  days per week		
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (one way)		Kindergarten child ride	es without other school	days per week  ol-age students: days per week days per week days per week		
□ Contract is for one-way only			10 01 110111 3011001	tiriles per day,	days per week		
Students in Each Grade Level - Only include	the students to be covered by the	nis contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1			
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans							
Spec. Ed. Trans			county superinter copy for your files.	IDENTS: Send original	I to OPI by July 10, retain a		
Room & Board				IMBURSEMENT RA	ATF.		
Correspondence			(For dist	rict, county and OPI	use only)		
_ '							
Reg. Contingency			Reimb	ursement rate is determ	nined by		
Spec. Ed. Contin.				20-10-142, MCA.			
Agreement between parent (pare	nt name)		, and school district (dist	rict name)			
(county namo)			er referred to as the District(s).				
(county name)  The parties agree as follows:		-	r bus stop on the days when school is in		an assures that a licensed and		
insured driver will transport the stude	nts. Mileage contracts are valid	only when transportation	on upon certification by the teacher or p	ct actually occurs.			
transported for the past semester.			2, MCA, and the information accompany	·			
		e student(s) is no longer	enrolled in school, whichever occurs firs		Date		
Kila Elem	,						
High School District	Chair, Board of Truste	ees			Date		
	I attes	t that the above in	formation is true and correct.		·		
Signature - Parent or Guardian				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	ит 59620-	2501	Due to School Clerk June 1					
Elementary District Respon	sible for Rei	mbursing the	Contract			County	I	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 District	t Responsibl	e for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared b  ☐ yes ☐ no	etween ele	ementary ar	nd high school	ol?				
Are you applying for isol		s? 🗆 Yes	□ No		Stu	dent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-1	planation) 0-142. MCA.	provides for	increased rein	nbursement	Otac	dent ivallie	CCHOOL	Grade
rates for special circumstan increased rates, individual of trustees of the district, the of Public Instruction. (10.7.116	ices of isolat circumstance county transp	ion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if increase District Trustees and the Co	d payment d	lue to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	yes 🗆		itials		Stud	dent Name	School	Grade
County Approval	yes 🗆	no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian Nan	ne: (Please	Print)				st Semester Only	□ 2nd Semester Only	y    Both Semesters
Michelle Jedlicka Physical Address (stree	t address o	only):				kindergarten/Kindergst Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDEDGAPTEN:	
	Distance from home to nearest bus stop, if any (one way)					dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
	nearest bus S <b>0</b>	s stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students: days per week days per week
□ Contract is for one-w	vay only				100	or from School	times per day, _	days per week
Students in Each Grade Level -	Only include the	he students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20 10 112, 111071.	
Agreement between par	ent (paren	t name)			, and	d school district (dist	rict name)	,
(county name)			(	County hereinaf	ter referred	to as the District(s).		
The parties agree as follows:	rt or provide tra	ansportation fo		-			session. The parent or quardi	ian assures that a licensed and
insured driver will transp	ort the student	ts. Mileage cor	ntracts are valid o	nly when transportati	on for the dista	nce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the past s 3. The payment shall be co	semester.  Imputed on the	basis of the so	chedule establish	ed in Section 20-10-1	142, MCA, and	the information accompany	ring this contract.	
	nate at the end	of the school		student(s) is no longe		chool, whichever occurs firs		Date
Kila Elem								
High School District		Cnair, Boa	ard of Trustee	es				Date
			I attest	that the above	information	is true and correct.		
Signature - Parent or Gua	rdian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for	increased rein	nbursement	1				
rates for special circum increased rates, individ trustees of the district,	lual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	•	J	ŕ		Stuc	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		ges no				CONTRACT IS FO	PR:		
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters
Nancy Mullen					Pre-	kindergarten/Kinderg	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary 24	to nearest sc HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_	
Distance from home Elementary 5	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:
·					To c	r from School	times per day, _ times per day, _	days	s per week
☐ Contract is for or Students in Each Grade Le	• •	the students to b	be covered by thi	s contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	JNTY SUPERINTEN	DENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						Paimhi Paimhi	ursement rate is detern	mined by	
Contingency Spec. Ed. Contin.						Kembe	20-10-142, MCA.	Tillica by	
5,000. Ed. 00mm.									
Agreement between	ı parent (parer	nt name)			, and	I school district (distr	ict name)		,
(county name) The parties agree as follow	vs:			County, hereina	fter referred	to as the District(s).			
The parent shall tra insured driver will to	ansport or provide t ransport the studer	nts. Mileage cor	tracts are valid o	only when transportat	tion for the dista	nce reported on the contract			
transported for the	past semester.	•	•		·		incipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall be computed on the basis of the schedule established in Section 20-10-4. This contract shall terminate at the end of the school year or when the student(s) is no longe Elementary School District  Chair, Board of Trustees					er enrolled in so	the information accompany hool, whichever occurs firs	ing this contract. t.	Doto	
Elementary School Kila Elem		,						Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ie to School C	lerk June 1	
Elementary District Re	sponsible for Re	imbursing the	Contract		Cou	unty	Legal Entity
Kila Elem					Fla	athead	0323
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		unty	Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for			□ No		Student	Name School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for					
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	proved by the	Student	Name School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolatio	n has been ap	proved by the	Student	Name School	Grade
District Trustees and the		portation Con		,		<del></del>	<del>-</del>
Elem District Approval HS District Approval		□ no □ no			Student	Name School	Grade
County Approval	□ yes	no			THIS CO	NTRACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				emester Only	er Only   Both Semesters
Pam Schuck					Pre-kind	ergarten/Kindergarten	
Physical Address (s	treet address	only):			□ 1st Se	emester Only	er Only   Both Semesters
						GARTEN/PREKINDERGARTE	
Distance from home		hool (one wa	ay)		by this o	contract:	hool-age students also covered
Elementary <b>5.2</b>	HS <b>0</b>				To or fro To or fro	m Bus Stop times per m School times per	day, days per week day, days per week
Distance from home Elementary <b>0</b>	to nearest but HS <b>0</b>	is stop, if an	y (one way)		Kinderg	arten child rides without other	r school-age students: day, days per week day, days per week
□ Contract is for o	ne-way only				To or fro	m School times per	day, days per week
Students in Each Grade Lo	evel - Only include	the students to I	be covered by thi	is contract.	<u>Deadli</u>	nes: S: Due to School Clerk June 1	
	Pre-K	K	1-8	9-12			
	Total	Total	Total	Total	files.	Send original to County Supt	by July 1, retain a copy for your
Regular Trans					COUNT	/ SUPERINTENDENTS: Send	original to OPI by July 10, retain a
Spec. Ed. Trans						your files.	original to or r by daily 10, retain a
Room & Board						REIMBURSEME	NT RATE
Correspondence						(For district, county and	d OPI use only)
Reg.							
Contingency						Reimbursement rate is 20-10-142, M	
Spec. Ed. Contin.						,	
Agreement betweer	n parent (parer	nt name)			, and sch	ool district (district name)	,
(county name)			(	County, hereinat	fter referred to a	s the District(s).	
	ansport or provide t					ays when school is in session. The parent	or guardian assures that a licensed and
	, the District shall p					ported on the contract actually occurs.  n by the teacher or principal of the school of	of the number of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on th					ormation accompanying this contract. whichever occurs first.	
Elementary School Kila Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	es			Date
			Latter	t that the above	information is tra	ie and correct	
Signature - Parent or	Guardian		ı alles	t triat trie above	iiiioiiiialioii IS (II	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omonton, on	d high coho	N2						
	ea between ei	ementary an	a nign schoo	)						
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	] ]	dent Name	301001		Orace	
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stu	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Stut	dent Name	301001		Orace	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Student Name School Grade					
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the						
		Ini	tials		Student Name School Grade					
Elem District Approval HS District Approval		□ no □ no							Olddo	
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	ly □ Both Sei	mesters	
Raechel Allen					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	ly □ Both Sei	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home	. 4	h = = 1 / = = =	\		Kind	dergarten child ride	es with other school-	age students al	lso covered	
Distance from home Elementary <b>5</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	days	ner week	
•	4		. (		To c	or from School	times per day,	days	s per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kin To d	dergarten child ride or from Rus Ston	es <u>without</u> other scho	ool-age student	s: ner week	
					To d	or from School	times per day,	days	per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAF	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	EDKS: Sand original	to County Supt by Jul	ly 1 rotain a con	y for your	
	Total	Total	Total	Total	files		to County Supt by Jul	iy i, retaili a cop	y ioi youi	
Regular Trans					COI	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	10 retain a	
Spec. Ed. Trans						y for your files.	DENTS. Send ongine	ar to Or 1 by July	io, retain a	
Room & Board						RF	IMBURSEMENT R	ATF		
							rict, county and OPI			
Correspondence										
Reg.						 Reimbi	ursement rate is deterr	mined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
5p00. Eu. 00mm.										
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a lic	ensed and	
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	nly when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		•		•	illoci oi uayə ille Silli	uonii(a) waa	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolle								15.		
Elementary School   Kila Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	MT 59620-	-2501	Due to School Clerk June 1					
Elementary District Respo	nsible for Rei	imbursing the	Contract			County	I	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Distric	ct Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	between ele	ementary ar	nd high school	ol?				
Are you applying for iso	olation statu	ıs? □ Yes	□ No		Stud	dent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-	xplanation) 10-142, MCA	, provides for	increased rein	nbursement	Otac	dent ivallie	CCHOOL	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	inces of isolat circumstance county transp	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if increase District Trustees and the C	ed payment c	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes □	In □ no	itials		Stud	dent Name	School	Grade
HS District Approval County Approval	,	no no				S CONTRACT IS FO	DR:	
Parent or Guardian Na	me: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Risa Carlson					Pro-	kindergarten/Kinder	rarten	
Physical Address (stree	et address o	only):						y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to Elementary <b>4.8</b>	nearest sch HS 0	nool (one w	ay)		<b>by t</b> To c	his contract: or from Bus Stop	times per day,	ge students also covered days per week
Distance from home to Elementary <b>0</b>	nearest bus HS <b>0</b>	s stop, if an	y (one way)		Kind	dergarten child ride	es without other school	days per week ol-age students: days per week days per week days per week
□ Contract is for one-	way only				100	or from School	times per day, _	days per week
Students in Each Grade Level	- Only include t	he students to I	be covered by this	s contract.	Dea	adlines:	aal Clark luna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.			
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								<del></del>
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							·	
Agreement between pa	arent (paren	t name)			, and	d school district (dist	rict name)	······································
(county name)			(	County, hereinaf	ter referred	to as the District(s).		
			r the student(s) to	and from the school	or bus stop on	the days when school is in		ian assures that a licensed and
<ol><li>In March and June, the</li></ol>	District shall pa					nce reported on the contraction by the teacher or p		mber of days the student(s) was
	computed on the					the information accompany		
4. This contract shall term Elementary School Dis			year or when the ard of Truste		er enrolled in so	chool, whichever occurs firs	τ.	Date
Kila Elem High School District		Chair Bos	ard of Truste	<b>P</b> S				Date
r light Gollooi District		Onaii, Bu	and of Trusies					Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or Gu	ardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 a, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 Dist	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shared   □ yes □ no	d between ele	ementary ar	nd high school	ol?						
Are you applying for i			□ No		Stu	lent Name	School	Grade	-	
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	A. provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	Grade		
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc le county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	lent Name	School	Grade	<u>.</u>	
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	;	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	; ;	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters		
Roger & Bonnie ( Physical Address (str		only):				Pre-kindergarten/Kindergarten  1 1st Semester Only 2nd Semester Only Both Semesters				
Distance from home to Elementary 6.3  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> so nearest bu HS <b>0</b> e-way only	is stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files.  RE	times per day, times	days per week da		
insured driver will tra 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide to sport the studer ne District shall p ast semester. e computed on th rminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs.  rincipal of the school of the nur  ing this contract.	an assures that a licensed and nber of days the student(s) was	.,	
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	I attest	that the above	information	is true and correct.				
Signature - Parent or G	iuardian						Date		_	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Kila Elem						Flathead		0323		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	eu between ei	ementary ar	iu riigii scriot	JI !						
Are you applying for			□ No		Stuc	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	1	icht Manie	GCHOOL		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		State	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stuc	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Glade					
		In	tials		Student Name School Grade					
Elem District Approval HS District Approval		□ no □ no							Grade	
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters	
Stefanie Gamble	е				Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary <b>5</b>	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day, _	dayı	s ner week	
•			,		To c	or from School	times per day,	days	s per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week	
					To c	or from School	times per day,	day:	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKC. Conderiginal	I to County Cunt by Jul	lu 1 rotoin o oo	nu for vour	
	Total	Total	Total	Total	files		to County Supt by Jul	iy i, ielalli a co	Jy ioi youi	
Regular Trans					COL	INTV CUDEDINTEN	IDENTS: Send origina	al to ODI by July	v 10 rotoin a	
Spec. Ed. Trans						y for your files.	IDENTS. Send ongine	ai to OPI by July	/ TU, Tetaiii a	
Room & Board						RE	EIMBURSEMENT R	ΔΤΕ		
rtoom a board							rict, county and OPI			
Correspondence						,		• .		
Reg.						 Reimhi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.						1.01110.	20-10-142, MCA.			
opco. La. Contin.										
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	consed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract	ct actually occurs.			
transported for the	past semester.	•	•		·		rincipal of the school of the nu	amper of days the Stu	uciii(ə) Was	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in								T. 6.		
Elementary School   Kila Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Di	ie to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	I	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for	isolation state	us? □ Yes	□ No		Stud	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Tommy Baker Physical Address (street address only):						kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 14	to nearest so	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home Elementary <b>9.5</b>	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students: days per week days per week days per week
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark luna 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	ATF
Correspondence						(For dist	rict, county and OPI	use only)
_								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			. and	d school district (dist	rict name)	
	(p a o						,	,
(county name) The parties agree as follow		rononostation fo		-		to as the District(s).	annian The nevent or succession	ion accuracy that a licensed and
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportat	ion for the dista	nce reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.	•				the information accompany	•	mber of days the student(s) was
<ol> <li>This contract shall t</li> </ol>	terminate at the er	d of the school		student(s) is no longe		chool, whichever occurs firs		Date
Elementary School I Kila Elem	וווסור	,						Date
High School District		Chair, Boa	ard of Truste	es				Date
		1	l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Kila Elem						Flathead		0323	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
,	Public Instruction. (10.7.116 ARM provides guidelines for such.)			Stud	lent Name	School		Grade	
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				THIS CONTRACT IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Se	mesters
Wendy Oakasoi					Pre-	kindergarten/Kinderg	narten		
Physical Address (street address only):						☐ 2nd Semester Only	y 🛛 Both Se	mesters	
						DERGARTEN/PREM			
Distance from home Elementary 6	to nearest so	hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_	
Distance from home Elementary 0	to nearest bu	is stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	ts:
□ Contract is for o	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le		the students to b	be covered by thi	is contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
Decules Trees	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	by for your
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	<b>DENTS:</b> Send origina	al to OPI by July	/ 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
_ '									
Reg. Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WCA.		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		,
(county name)			(	County, hereina	ifter referred	to as the District(s).			
The parties agree as follow 1. The parent shall tra	ansport or provide t						session. The parent or guard	lian assures that a lic	censed and
<ol><li>In March and June</li></ol>	, the District shall p					nce reported on the contraction fication by the teacher or pr	t actually occurs. incipal of the school of the nui	mber of days the stu	dent(s) was
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and	the information accompany	ing this contract.		
Elementary School District Chair, Board of Trustees			,c. cmoned in 30			Date			
Kila Elem High School District		Chair, Boa	ard of Truste	es				Date	
			- علام ا	t that the above	informatia	in true and as			
Signature - Parent or	Guardian		ı attes	ı ınaı ine above	iniormation	is true and correct.	Date		
	<b></b>								

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the (	Contract			County	<u> </u>	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract		County		Legal Entity
Flathead H S						Flathead		0311
Is this contract share	ed between e	lementary and	high scho	ol?				
Are you applying for	risolation stat	us? □ Yes	□ No		Chu	dent Name	Cohool	Crada
(If yes, please attac	h explanation	) A provides for i	ncreased reir	mbursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individual trustees of the district,	nstances of isola lual circumstand the county trans	ation of resident ces must be rev sportation comn	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.	·	, i	ŕ		Stud	dent Name	School	Grade
Check here only if incre District Trustees and the		sportation Comr	nittee.	proved by the				
Elem District Approval		Initi □ no			Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semesters
Brian & Margare	et Olson				Pre	-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	□ Both Semesters
Distance from home	to nearest so	chool (one wa	·/\		Kin		KINDERGARTEN: es <u>with</u> other school-a	ge students also covered
Elementary <b>0</b>	HS <b>4.3</b>	onoor (one wa	y)		Too	this contract: or from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest but HS <b>4.3</b>	us stop, if any	(one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other school times per day, _	days per week
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	<u>De</u>	adlines: RENTS: Due to Sch	ool Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				. A. matain a name famous
B	Total	TOTAL	IOlai	TOTAL	files	•	i to County Supt by July	1, retain a copy for your
Regular Trans							IDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						( 3. 3.3.	,,	,,
Reg. Contingency						Reimb	ursement rate is determ	ined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and	d school district (dist	rict name)	
(county name)				Countv. hereinaf	ter referred	I to as the District(s).		
	ansport or provide						session. The parent or guardi	an assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p					ince reported on the contra ification by the teacher or p		nber of days the student(s) was
	be computed on the					the information accompany		
	lementary School District Chair, Board of Trustees							Date
High School District		Chair, Boar	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	lox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 D	istrict Responsi	ole for Reimburs	sing the Con	tract		County		Legal Entity
Flathead H S						Flathead		0311
Is this contract share	ed between e	ementary and	high scho	ol?				
Are you applying for	risolation stat	us? □ Yes	□ No		Ctur	dent Name	Cohool	Crada
(If yes, please attac	h explanation	) A provides for in	ocreased rein	mbursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individ	nstances of isola	ation of residence	e. In order t	o receive	Stud	dent Name	School	Grade
trustees of the district, Public Instruction. (10.	the county trans	sportation comm	nittee, and th					
Check here only if incre	·	J	,	proved by the	Stud	dent Name	School	Grade
District Trustees and th			nittee.	, ,	-			
Elem District Approval HS District Approval		□ no □ no	<del></del>		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	□ Both Semesters
Brooks Baer Physical Address (s	troot address	only):				-kindergarten/Kinder		- 5 4 6
1 Hysical Address (s	li eet addiess	Offig).				•	□ 2nd Semester Only	Both Semesters
					<u>KIN</u> Kin	DERGARTEN/PREI dergarten child ride	KINDERGARTEN: es with other school-a	ge students also covered
Distance from home Elementary <b>0</b>	to nearest so HS <b>3.3</b>	chool (one way	/)		by t	his contract:		days per week
Distance from home	to nearest hi	is ston if any	(one way)		Tod	or from School	times per day, _	days per week
Elementary <b>0</b>	HS <b>3.3</b>	io otop, ii diiy	(one way)		To	or from Bus Stop	es <u>without</u> other school times per day, _	days per week
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	<u>De</u>	adlines: RENTS: Due to Sch	ool Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				. A. matata a samu famous
	Total	IOIAI	TOLAI	Total	files	-	i to County Supt by July	1, retain a copy for your
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						 Reimh	ursement rate is determ	nined by
Contingency Spec. Ed. Contin.						, roms	20-10-142, MCA.	
A success and high value of		-4				d a ale a al district (dist	wint mamma)	
Agreement betweer	i parent (pare	nt name)				d school district (dist		,
(county name) The parties agree as follow				•		I to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage contr	acts are valid	only when transportation	on for the dista	nce reported on the contra		an assures that a licensed and
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sch	edule establish	ned in Section 20-10-1	142, MCA, and	the information accompany	ying this contract.	22,2 22
4. This contract shall Elementary School		chair, Boar			er enrolled in s	chool, whichever occurs firs	st.	Date
Kila Elem High School District		Chair, Boar						Date
Flathead H S		Onan, Boar	a or riusic					Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box Helena,	202501 MT 59620-	-2501			e to School Clerk June 1		
Elementary District Respo	nsible for Rei	imbursing the	Contract		County		Legal Entity
Kila Elem					Flathead		0323
High School or K-12 Distri	ct Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract shared  ☐ yes ☐ no	between ele	ementary and	d high schoo	ol?			
Are you applying for iso (If yes, please attach e ISOLATION: Section 20-	xplanation)		□ No	aburaamant	Student Name	School	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	inces of isolat circumstance county trans	tion of residences must be revenued.	ce. In order to riewed and appointed, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increas District Trustees and the C		portation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval		no	ials 		Student Name	School	Grade
		no no			THIS CONTRACT IS I	OR:	
Parent or Guardian Na	me: (Please	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Christine Reed					Pre-kindergarten/Kinde	ergarten	
Physical Address (stree	et address o	only):				☐ 2nd Semester Only	y □ Both Semesters
Distance from home to Elementary 0  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>4.7</b> nearest but HS <b>4.7</b> way only	s stop, if any	(one way)	s contract.  9-12 Total	by this contract: To or from Bus Stop_ To or from School	times per day, thool Clerk June 1.	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)
insured driver will trans In March and June, the transported for the pas The payment shall be of	ort or provide tr port the studen District shall pa t semester.	ransportation for its. Mileage contay the parent the basis of the sol	the student(s) to racts are valid of sum officially a	o and from the school only when transportatic pproved in the applica and in Section 20-10-1	, and school district (district referred to as the District(s or bus stop on the days when school is on for the distance reported on the contition upon certification by the teacher or 42, MCA, and the information accompa	in session. The parent or guardinate actually occurs.  principal of the school of the nurunying this contract.	
Elementary School Dis Kila Elem			rd of Truste				Date
High School District Flathead H S		Chair, Boa	rd of Truste	es			Date
			I attes	that the above i	information is true and correct	·	
Signature - Parent or Gu	ardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 ia, MT 59620	)-2501			e to School Clerk June		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Kila Elem					Flathead		0323
High School or K-12 Di	strict Responsi	ble for Reimbur	sing the Con	tract	County		Legal Entity
Flathead H S					Flathead		0311
Is this contract share  □ yes □ no	ed between e	lementary an	d high scho	ol?			
Are you applying for	isolation stat	us? 🗆 Yes	□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation	) A. provides for	increased rein	mbursement	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				pproved by the	Student Name	School	Grade
	Initials Elem District Approval □ yes □ no					School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester C	Only   2nd Semester Onl	y   Both Semesters
Debbie Wallace					Pre-kindergarten/k	Kindergarten	
Physical Address (street address only):						Only □ 2nd Semester Onl	y    Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>5</b> to nearest bu HS <b>5</b> ne-way only	us stop, if any	(one way)	is contract.  9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School  Deadlines: PARENTS: Due f  CLERKS: Send of files.  COUNTY SUPER copy for your files	Id rides with other school-actions per day, times p	days per week days per week ol-age students: days per week  y 1, retain a copy for your al to OPI by July 10, retain a
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide ansport the stude the District shall poast semester. be computed on the	transportation for nts. Mileage confoay the parent the	the student(s) t rracts are valid of sum officially a hedule establisl	County, hereinaf o and from the school only when transportation approved in the application and in Section 20-10-1	on for the distance reported on the	rict(s).  nool is in session. The parent or guard e contract actually occurs. ther or principal of the school of the nu companying this contract.	
Elementary School I Kila Elem	District	Chair, Boa	rd of Truste	es			Date
High School District Flathead H S		Chair, Boa	rd of Truste	es			Date
			l attes	t that the above i	nformation is true and co	rrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	12501 T 59620-2501		Due to School Clerk June 1			
Elementary District Respons	ble for Reimbursing the C	ontract	County		Legal Entity	
Kila Elem			Flathead		0323	
High School or K-12 District	Responsible for Reimburs	ing the Contract	County		Legal Entity	
Flathead H S		hinh ash as 10	Flathead		0311	
Is this contract shared be  □ yes □ no	tween elementary and	nign school?				
Are you applying for isola (If yes, please attach exp		□ No	Student Name	School	Grade	
ISOLATION: Section 20-10- rates for special circumstance	142, MCA, provides for in					
increased rates, individual circustees of the district, the co	cumstances must be revi unty transportation comm	ewed and approved by the ittee, and the Office of	Student Name	School	Grade	
Check here only if increased District Trustees and the Cou	payment due to isolation	nas been approved by the	Student Name	School	Grade	
Elem District Approval   y			Student Name	School	Grade	
HS District Approval			THIS CONTRACT IS I	FOR:		
Parent or Guardian Name	e: (Please Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Dixie Harper			Pre-kindergarten/Kinde	ergarten		
Physical Address (street	address only):		☐ 1st Semester Only	☐ 2nd Semester Only	y   Both Semesters	
Distance from home to nearest school (one way) Elementary 0						
(county name) The parties agree as follows: 1. The parent shall transport insured driver will transport 2. In March and June, the Distransported for the past se 3. The payment shall be com	or provide transportation for the the students. Mileage contrastrict shall pay the parent the smester.  puted on the basis of the schol year the end of the school year.  Chair, Board	County, herein the student(s) to and from the sch tots are valid only when transport the approved in the appro	, and school district (dinafter referred to as the District(snool or bus stop on the days when school is ration for the distance reported on the continuity of the distance o	s). s in session. The parent or guard ract actually occurs. r principal of the school of the nur	dian assures that a licensed and	
		I attest that the above	ve information is true and correc	t		
Signature - Parent or Guard	dian			Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	20-2501	Du	e to School Clerk June 1		
Elementary District Responsible for I	Reimbursing the Contract		County		Legal Entity
Kila Elem			Flathead		0323
High School or K-12 District Respons	sible for Reimbursing the C	ontract	County		Legal Entity
Flathead H S			Flathead		0311
Is this contract shared between ☐ yes ☐ no	elementary and high sc	hool?			
Are you applying for isolation sta (If yes, please attach explanatio			Student Name	School	Grade
ISOLATION: Section 20-10-142, Morates for special circumstances of iso	CA, provides for increased				
increased rates, individual circumsta trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr	nces must be reviewed and nsportation committee, and	d approved by the I the Office of	Student Name	School	Grade
Check here only if increased paymer			Student Name	School	Grade
District Trustees and the County Tra		approved by the			
Elem District Approval ☐ yes HS District Approval ☐ yes	□ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Plea	ase Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Onl	ly   Both Semesters
Dora McDonald			Pre-kindergarten/Kinde	ergarten	
Physical Address (street addres	s only):			☐ 2nd Semester Onl	ly Doth Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest	school (one way)		by this contract:	<del></del>	age students also covered
Elementary 0 HS 23			To or from Bus Stop To or from School	times per day, _ times per day	days per week
Distance from home to nearest l Elementary <b>0</b> HS <b>14</b>	bus stop, if any (one wa	y)	Kindergarten child ric To or from Bus Stop	les <u>without</u> other scho	days per week col-age students: days per week days per week
☐ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	de the students to be covered by	y this contract.	Deadlines: PARENTS: Due to Sc	hool Clark June 1	
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send origina		ly 1, retain a copy for your
Regular Trans			files.		
Spec. Ed. Trans			COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board				EIMBURSEMENT R	
Correspondence			(For dis	strict, county and OPI	I use only)
Reg.			_		
Contingency			Reiml	bursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.					
Agreement between parent (par	ent name)		, and school district (dis	trict name)	,
(county name)		_ County, hereinaf	ter referred to as the District(s	).	
			or bus stop on the days when school is		dian assures that a licensed and
In March and June, the District shat transported for the past semester.	ll pay the parent the sum official	ly approved in the applica	on for the distance reported on the contration upon certification by the teacher or	principal of the school of the nu	umber of days the student(s) was
<ol><li>The payment shall be computed or</li></ol>	the basis of the schedule estate end of the school year or when	olished in Section 20-10-1 the student(s) is no longe	42, MCA, and the information accompany enrolled in school, whichever occurs fi	nying this contract.	
Elementary School District Kila Elem	Chair, Board of Trus		,		Date
High School District Flathead H S	Chair, Board of Trus	stees			Date
	l att	est that the above i	information is true and correct		
Signature - Parent or Guardian				Date	

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Kila Elem						Flathead		0323
High School or K-12 D	strict Responsit	ole for Reimbur	sing the Con	tract		County		Legal Entity
Flathead H S						Flathead		0311
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attack ISOLATION: Section:	n explanation)	)	□ No		Stud	ent Name	School	Grade
rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	estances of isola lual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th		sportation Com	mittee.	proved by the	Stud	ent Name	School	Grade
Initials Elem District Approval □ yes □ no				Stud	ent Name	School	Grade	
HS District Approval County Approval	,	□ no □ no				CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 It Semester Only	□ 2nd Semester Onl	y   Both Semesters
Helen Pilling					Pre-l	indergarten/Kinde	rgarten	
Physical Address (street address only):								y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 16.5 to nearest bu HS 6.5 ne-way only	us stop, if any	(one way)	is contract.  9-12 Total	Kind by th To or To or Kind To or To or  Dea PAR CLE files.	ergarten child rid is contract: from Bus Stop from School ergarten child rid from Bus Stop from School  dlines: ENTS: Due to Sch RKS: Send origina  NTY SUPERINTEI for your files.  RI (For dis	times per day, times	days per week days per week  y 1, retain a copy for your al to OPI by July 10, retain a  ATE use only)
insured driver will to 2. In March and June, transported for the 3. The payment shall	rs: Insport or provide to an apport the studer the District shall past semester. The computed on the terminate at the er	transportation for nts. Mileage conf pay the parent the ne basis of the sc nd of the school y	the student(s) t rracts are valid of sum officially a	County, hereinate of and from the school only when transportate approved in the applicated in Section 20-10-student(s) is no long	fter referred I or bus stop on the distantation upon certification upon distantation	ce reported on the contra	n session. The parent or guard ct actually occurs. or incipal of the school of the nu ying this contract.	dian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	rd of Truste	es				Date
i idilicad II O			I attes	t that the above	information	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code Phone Number

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1

Co		

		1
Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kila Elem	Flathead	0323
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Flathead H S	Flathead	0311

Kila Elem	le fee British and a the Control		Flathead		0323
High School or K-12 District Responsib	le for Reimbursing the Contr	act	County		Legal Entity
Flathead H S			Flathead		0311
Is this contract shared between ele ☐ yes ☐ no	ementary and high schoo	l?			
Are you applying for isolation statu (If yes, please attach explanation)			ident Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isolar increased rates, individual circumstance trustees of the district, the county trans, Public Instruction. (10.7.116 ARM provi	tion of residence. In order to es must be reviewed and app portation committee, and the	proved by the Stu	ident Name	School	Grade
Check here only if increased payment of District Trustees and the County Transp	due to isolation has been app		ident Name	School	Grade
	Initials no no	Stu	ident Name	School	Grade
County Approval  yes	no		<u>IS CONTRACT IS FO</u> ades 1-12	<u>DR:</u>	
Parent or Guardian Name: (Please	e Print)		1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Mike & Sue Greskowiak		Dre	e-kindergarten/Kinderg	rarten	
Physical Address (street address of	only):		1st Semester Only		□ Both Semesters
		KIN	NDERGARTEN/PREM	(INDERGARTEN:	
Distance from home to nearest scl	hool (one way)		idergarten child ride this contract:	s <u>with</u> other school-ac	ge students also covered
Elementary 0 HS 18		To	or from Bus Stop	times per day,	days per week
Distance from home to nearest bu	s stop, if any (one way)			times per day, s <u>without</u> other schoo	
Elementary 0 HS 7	,, ,,	То	or from Bus Stop	times per day,	days per week
☐ Contract is for one-way only		То	or from School	times per day,	days per week
Students in Each Grade Level - Only include t	the students to be covered by this		eadlines: RENTS: Due to Scho	ool Clark June 1	
Pre-K	K 1-8	9-12	NENTS. Due to Sch	JOI CIEIR JUITE 1.	
Regular Trans	Total Total	Total CL file		to County Supt by July	1, retain a copy for your
Spec. Ed. Trans			OUNTY SUPERINTEN by for your files.	IDENTS: Send original	to OPI by July 10, retain a
Room & Board				IMBURSEMENT RA	· <del>-</del>
Correspondence			(For disti	rict, county and ΟΡΙ ι	use only)
Reg. Contingency			Reimbu	ursement rate is determined	ined by
Spec. Ed. Contin.					
Agreement between parent (paren	nt name)	, ar	nd school district (distr	rict name)	•
(county name)	(	County, hereinafter referre	d to as the District(s)		
The parties agree as follows:			` ,	acceion. The parent or quardic	un assures that a licensed and
The parent shall transport or provide tr insured driver will transport the studen  Apple and line the District shall a	ts. Mileage contracts are valid or	nly when transportation for the dist	ance reported on the contract	ct actually occurs.	
<ol><li>In March and June, the District shall patransported for the past semester.</li></ol>			•	·	per or days the student(s) was
<ol> <li>The payment shall be computed on the</li> <li>This contract shall terminate at the end</li> </ol>					
Elementary School District Kila Elem	Chair, Board of Trustee	es			Date
High School District Flathead H S	Chair, Board of Trustee	es			Date
	I attest	that the above information	n is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code Phone Number

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

_				
Co	nt	ro	<b>^</b> +	-

	ox 202501 a, MT 59620	-2501			e to School Cle			
Elementary District Res	ponsible for Re	imbursing the Co	ontract		Coun	ty	-	Legal Entity
Kila Elem					Flat	head		0323
High School or K-12 Dis	strict Responsib	le for Reimbursi	ng the Contra	act	Coun			Legal Entity
Flathead H S					Flat	head		0311
Is this contract share  ☐ yes ☐ no	ed between el	ementary and	high schoo	l?				
Are you applying for (If yes, please attach	explanation)		□ No		Student Na	ame	School	Grade
rates for special circum- increased rates, individual trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of residence es must be revie portation commi	e. In order to ewed and app ttee, and the	receive proved by the	Student Na		School	Grade
Check here only if incre District Trustees and the		portation Comm	ittee.	proved by the	Student Na	ame	School	Grade
Elem District Approval HS District Approval	•	Initia □ no □ no	ls 		Student Na		School	Grade
County Approval	□ yes □	no			THIS CON Grades 1-	<u>TRACT IS FO</u> 12	<u>DR:</u>	
Parent or Guardian N	Name: (Please	e Print)				nester Only	□ 2nd Semester Only	□ Both Semesters
Montana Hanser						garten/Kinder		
Physical Address (st	reet address (	oniy):			☐ 1st Sen	nester Only	☐ 2nd Semester Only	□ Both Semesters
Distance from home Elementary 0  Contract is for on	price from home to nearest bus stop, if any (one way) HS 7  Intract is for one-way only Is in Each Grade Level - Only include the students to be covered by this contract.    Pre-K					ten child ride ntract: Bus Stop School ten child ride Bus Stop School  es: Due to Sch Send origina  SUPERINTEN our files.  RE (For dist	times per day, times per day, es without other school times per day, times per day, ool Clerk June 1.  I to County Supt by July	days per week days per week days per week  7 1, retain a copy for your  1 to OPI by July 10, retain a  ATE use only)
insured driver will trace. In March and June, transported for the payment shall to	s: nsport or provide to ansport the studer the District shall p bast semester. be computed on the	ransportation for th tts. Mileage contra ay the parent the s e basis of the sche	e student(s) to cts are valid or um officially ap dule establishe	and from the school only when transportation proved in the applicated in Section 20-10-14	er referred to as	s when school is in rted on the contra by the teacher or p mation accompany	session. The parent or guardict actually occurs. rincipal of the school of the num	
Elementary School D		Chair, Board			,	-		Date
High School District Flathead H S		Chair, Board	l of Trustee	es				Date
			l attest	that the above in	nformation is true	and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due	e to School Clerk June 1				
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity		
Kila Elem			Flathead		0323		
High School or K-12 District Responsib	ole for Reimbursing the Cont	tract	County		Legal Entity		
Flathead H S			Flathead		0311		
Is this contract shared between el ☐ yes ☐ no	ementary and high school	ol?					
Are you applying for isolation statu (If yes, please attach explanation)			Student Name	School	Grade		
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7-116 ARM prov	tion of residence. In order to see must be reviewed and apportation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	Initials no		Student Name THIS CONTRACT IS FO	School	Grade		
County Approval  yes  Parent or Guardian Name: (Please	no e Print)		Grades 1-12	<u> </u>			
,	6 1 mit)		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Terri Reavis Physical Address (street address	only):		Pre-kindergarten/Kinderg □ 1st Semester Only		/ □ Both Semesters		
Distance from home to nearest so Elementary 0 HS 18.5  Distance from home to nearest but Elementary 0 HS 8.2  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total	s stop, if any (one way)	is contract.  9-12  Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Scho  CLERKS: Send original in	times per day,times per day,s without other schooltimes per day,times per day,times per day,to Clerk June 1.	ol-age students: days per week days per week		
Regular Trans			files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans			copy for your files.	<b>JETTIOI</b> Cond ongina			
Room & Board Correspondence				MBURSEMENT RA	··-		
Reg. Contingency Spec. Ed. Contin.			Reimbu	rsement rate is determ 20-10-142, MCA.	nined by		
Agreement between parent (parer	nt name)		, and school district (distri	ct name)	,		
insured driver will transport the studer In March and June, the District shall p transported for the past semester. The payment shall be computed on the	ransportation for the student(s) to this. Mileage contracts are valid of any the parent the sum officially a the basis of the schedule establish	o and from the school only when transportation opproved in the application of the section 20-10-14	ter referred to as the District(s). or bus stop on the days when school is in s on for the distance reported on the contract tion upon certification by the teacher or pri 42, MCA, and the information accompanying	actually occurs.  ncipal of the school of the nun  ng this contract.			
Elementary School District	Chair, Board of Truste		er enrolled in school, whichever occurs first.		Date		
Kila Elem High School District Flathead H S	Chair, Board of Truste	es			Date		
- Idaloud II O	I attes	t that the above i	information is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due f	to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Smith Valley Elem			Flathead		0324
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ol?	<u> </u>		<u>'</u>
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	otaasii raiiis	3033	3.443
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and th	pproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade
HS District Approval ☐ yes	Initials  no no		Student Name	School	Grade
County Approval ☐ yes  Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FOR Grades 1-12	<u> </u>	
Parent of Guardian Name. (Fleas	e Fillit)		☐ 1st Semester Only	2nd Semester Only	☐ Both Semesters
Catherine R. Baier Physical Address (street address	only):		Pre-kindergarten/Kinderga  1st Semester Only		□ Both Semesters
Distance from home to nearest so Elementary 0 HS 0  Distance from home to nearest but Elementary 7 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if any (one way)	is contract.  9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original to files.  COUNTY SUPERINTEND copy for your files.  REIN (For district	times per day, times per day, times per day, without other school times per day, to County Supt by July	days per week  ol-age students:
Agreement between parent (parel  (county name)  The parties agree as follows:  1. The parent shall transport or provide to insured driver will transport the studet.  2. In March and June, the District shall part transported for the past semester.  3. The payment shall be computed on the following transported to the following transport to the student transport transport to the student transport transport to the student transport tra	actually occurs. cipal of the school of the num	an assures that a licensed and			
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above info	ormation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity	_
Smith Valley Ele	m					Flathead		0324	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					_
Are you applying for			□ No		Stuc	dent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation)	, provides for	increased rein	nbursement	Otac	ioni i vaino	0011001	Grade	
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade	
	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian I	Name: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y □ Both Semesters	
Eugene Garrisor Physical Address (st		only):				kindergarten/Kinder st Semester Only		y	
Distance from home Elementary 5.8  Distance from home Elementary 1  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> se-way only	s stop, if an	y (one way)  De covered by this  Total	9-12 Total	Mine To co To co PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day,times p	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall past semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was			
High School District		Chair, Boa	ard of Trustee	es				Date	_
		<u> </u>	I attest	that the above	information	is true and correct.		l	_
Signature - Parent or	Guardian						Date		=

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Со	unty	<u> </u>	Legal Entity	
Smith Valley Ele	em				FI	athead		0324	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Со	unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student	Name	School		Grade
(If yes, please attach	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				e Office of	Student	Nome	Cahaal		Crada
Check here only if incre District Trustees and th				proved by the	Student	Name	School		Grade
Elem District Approval	,		itials		Student	Name	School		Grade
HS District Approval County Approval	□ yes □	no no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades		 □ 2nd Semester Onl	v □ Both Se	emesters
Jack & Sharon H	Hagel					•		y Bourec	medicio
Physical Address (st		only):				ergarten/Kinder emester Only	2nd Semester Only	y 🗆 Both Se	mesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	Iso covered
Elementary 3.5	HS <b>0</b>				To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli BAREN		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<u> </u>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	nool district (dist	rict name)		,
(county name) The parties agree as follow	/S:			County, hereinat	fter referred to a	s the District(s).			
The parent shall tra insured driver will tr	nsport or provide tansport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	n session. The parent or guard ct actually occurs.		
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	dent(s) was
	terminate at the er	d of the school		ned in Section 20-10- student(s) is no longe				Date	
Smith Valley Elem	Jistiillit	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	MT 59620-	2501		Du	e to Scho	ol Clerk June 1		
Elementary District Respo	nsible for Rei	mbursing the	Contract			County		Legal Entity
Smith Valley Elem						Flathead		0324
High School or K-12 Distri	ct Responsibl	e for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	between ele	ementary an	d high schoo	ol?				
Are you applying for iso		s? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach ex ISOLATION: Section 20-	xplanation) 10-142, MCA,	provides for	increased rein	nbursement	0.00		30.100.	0.000
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	circumstance county transp	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if increase District Trustees and the C	ed payment d	lue to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
		Ini I no	tials			lent Name	School	Grade
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Na	me. (Please	: Pilili)			□ 1	st Semester Only	☐ 2nd Semester Only	y    Both Semesters
Thomas Holling Physical Address (stree	et address o	only):				kindergarten/Kinder st Semester Only		y   Both Semesters
Distance from home to Elementary 7.7  Distance from home to Elementary 0	HS <b>0</b> nearest bus HS <b>0</b> way only	s stop, if an	y (one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took Took Took Took Took Too	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day, tool Clerk June 1.	days per week da
insured driver will trans In March and June, the transported for the past The payment shall be 4. This contract shall term Elementary School Dis Smith Valley Elem	ort or provide tra port the student District shall pa t semester. computed on the ninate at the end	ansportation for its. Mileage con ay the parent the basis of the so d of the school y	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was			
High School District		Chair, Boa	ard of Trustee	es 				Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or Gu	ardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Pleasant Valley	Elem					Flathead		0325
High School or K-12 D	istrict Responsib	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
rates for special circun increased rates, individual trustees of the district.	nstances of isola dual circumstance the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initia □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly   Both Semesters
Gale Stevens		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	☐ 2nd Semester On	ly   Both Semesters
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original i. UNTY SUPERINTEN y for your files.	times per day,	days per week days per week days per week
Correspondence							rict, county and OP	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
Pleasant Valley Ele High School District		Chair, Boar	d of Truste	es				Date
Signature - Parent or	Guardian		I attes	t that the above	ıntormation	is true and correct.	Date	
orginature - Parent of	Guardian						Dale	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity	
Pleasant Valley I	=lem					Flathead		0325	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stu	dent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Oluk	ioni i vaino	0011001	Grade	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	ial circumstand ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade	į
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	!
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade	!
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian N	iame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Tracie Williams Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters	
Distance from home Elementary 5.6  Distance from home Elementary 0  Contract is for on Students in Each Grade Leventary 1  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	is stop, if an	y (one way)	s contract.  9-12 Total	Kinn by t To c Kinn To c To c  Dea PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files.  RENTS:	times per day, times	days per week days per week days per week  / 1, retain a copy for your  I to OPI by July 10, retain  ATE use only)	
Agreement between parent (parent name)								nber of days the student(s) was	.5
Pleasant Valley Elem High School District	<u>-</u>	Chair, Boa	ard of Trustee	es				Date	
		<u> </u>	I attest	that the above	information	is true and correct.		<u> </u>	
Signature - Parent or C	Guardian		7 411001				Date		_

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Somers Elem						Flathead		0327
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	Grade
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y   Both Semesters
Reni Anderson Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home Elementary 7.4  Distance from home Elementary 0  Contract is for on Students in Each Grade Letter Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	to nearest sc HS <b>0</b> to nearest bu HS <b>0</b> e-way only	hool (one wa	y (one way)	s contract.  9-12 Total	KIN Kind by t To c Kind To c PAR CLE files	DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original or for your files.  RECOMMENDED RECOMMEND RECOMMENDED RECOMMEND RECOMMEND RECOMMENDED RECOMMEND RECOMMEND	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week y 1, retain a copy for your I to OPI by July 10, retain a
insured driver will tra  2. In March and June, transported for the p  3. The payment shall be	s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District		Chair, Boa	ard of Truste	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or 0	Guardian		1 411031	at the above	omation	is true and correct.	Date	
-								

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Bigfork Elem						Flathead		0330	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	d high scho	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			]				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.)	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	v □ Both Se	mesters
Angela Palmer						kindergarten/Kinder		,	
Physical Address (s	treet address	only):					garten ☐ 2nd Semester Onl	y □ Both Se	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary <b>57</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ times per day, _ es <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To o	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	(10 rotain a
Spec. Ed. Trans						for your files.	DENTO. Send ongine	ar to Or 1 by July	ro, retain a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement betweer	parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)			(	County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	lian assures that a lid	censed and
	, the District shall p					nce reported on the contraction by the teacher or pro-	ct actually occurs. rincipal of the school of the nu	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.		
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Bigfork Elem  Date									
High School District		Chair, Boa	ard of Truste	es				Date	
			1 =44 = -	t that the elec-	informatica	in two and same -t			
Signature - Parent or	Guardian		ı attes	ı ınaı ine above	iniormation	is true and correct.	Date		
griataro i arciitor	- auraran						2410		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	•	Legal Entity		
Bigfork Elem						Flathead		0330		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	eu between ei	ementary ar	ia riigii scriot	י וכ						
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	3 iui	dent Name	301001		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stu	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Stut	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Otac	aciii i vaiii c	Concor		Grade	
		In	itials		Stud	dent Name	School		Grade	
Elem District Approval HS District Approval		□ no □ no								
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters	
Charlene & Kirk	Penrod				Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly 🗆 Both Se	mesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 28	to nearest sc HS <b>0</b>	nooi (one wa	ay)		by t	his contract:	times per day,	day	s ner week	
•			,		To c	or from School	times per day,	day	s per week	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kin	dergarten child ride	es <u>without</u> other scho times per day,	ool-age studen	ts: s ner week	
					To	or from School	times per day,	day	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAF	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKC. Conderiginal	I to County Cunt by Ju	lu 1 rotoin o oo	nu for vour	
	Total	Total	Total	Total	<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, reta					
Spec. Ed. Trans						y for your files.	IDENTS. Send ongin	al to OFI by July	/ 10, letaill a	
Room & Board						RE	EIMBURSEMENT R	ΔTE		
rtoom a board							rict, county and OP			
Correspondence										
Reg.						 Reimhi	ursement rate is deter	mined by		
Contingency Spec. Ed. Contin.						1.01110.	20-10-142, MCA.			
opco. La. Contin.										
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(	County hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` '	session. The parent or guar	dian assures that a li	censed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.		•		•	the information accompany	•	ambor or days the Stt	contra was	
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school	ear or when the	student(s) is no long		the information accompany chool, whichever occurs firs		T. 6.		
Elementary School District Chair, Board of Trustees Date										
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	that the above	information	is true and correct.	D /			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reinhursing the Contract   Bigfork Elem   Flathead   0.330		a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Is this contract shared between elementary and high school?    yes	Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity
Is this contract shared between elementary and high school?    yes	Rigfork Flem						Flathead		0330
Agreement between parent (parent name)  Regular Trans  Space. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Cor	High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract				
Agreement between parent (parent name)  Regular Trans  Space. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Cor									
Student Name		d between el	ementary ar	nd high school	ol?				
Student Name	, ,,,,			□ No		Stu	lent Name	School	Grade
Interest of special croumstances of soliation of residence. In order to neceive increased rates, involvable circumstances must be reviewed and approved by the process of the sidency of t	(If yes, please attach ISOLATION: Section 2	explanation)	, provides for	increased rein	nbursement	Otal	dent ivallie	CCHOOL	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    Student Name	rates for special circums increased rates, individu trustees of the district, ti	stances of isola ual circumstanc he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	dent Name	School	Grade
Elem District Approval   yes	Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	□ yes □	In □ no					2020.	Grade
Standard								<u>DR:</u>	
Physical Address (street address only):    Statement	Parent or Guardian N	Name: (Pleas	e Print)					☐ 2nd Semester Only	y ☐ Both Semesters
Distance from home to nearest school (one way)  Elementary 12		reet address	only):						y    Both Semesters
Distance from home to nearest school (one way)  Elementary 12						KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to nearest bus stop, if any (one way)  Elementary 12 Hs 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K   Total   Total   Total   Total   Total   Total    Regular Trans  Spec. Ed. Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  County name)  County name  County name  County name  In parents apid transport for provide transportation for the students (s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insignated for hey als armsport the students. Mileage contracts are vaid only when transportation for the students (s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insignated for hey als armsport the students. Mileage contracts are vaid only when transportation for the students will pay the parent the students. Mileage contracts are vaid only when transportation for the students will pay the parent the suddents the pay the parent the suddents. Mileage contracts are vaid only when transportation for the students of the school established in Section 20.1-14.2 (McA.  To from School District Chair, Board of Trustees  I attest that the above information is true and correct.			hool (one w	ay)		Kind by to	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K			s stop, if an	y (one way)		Kin	dergarten child ride	es without other school	ol-age students:
PRENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)	□ Contract is for on	e-way only				100	or from School	times per day, _	days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school of the school of the school of Trustees  I attest that the above information is true and correct.  I attest that the above information is true and correct.	Students in Each Grade Lev	vel - Only include	the students to I	be covered by this	s contract.	De	adlines:	aal Clark luna 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)		-		-	-	CLE	ERKS: Send original		y 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans								
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Spec. Ed. Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application portification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Date  High School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Room & Board							IMBURSEMENT RA	ATF
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)							(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)	_ '								
Agreement between parent (parent name)							Reimb		nined by
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.							20-10-142, MCA.	
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	parent (parer	nt name)			. and	d school district (dist	rict name)	
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.		p =						,	,
insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Bigfork Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	The parties agree as follows		rananastatian fa		-			annian The nevent or succession	ion accuracy that a licensed and
transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Bigfork Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	insured driver will tra	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportation	on for the dista	nce reported on the contract	ct actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Bigfork Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	transported for the p	ast semester.		,		•		•	noci oi days the student(s) was
Bigfork Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol> <li>This contract shall te</li> </ol>	erminate at the en	d of the school	ear or when the	student(s) is no longe				Date
I attest that the above information is true and correct.	Bigfork Elem	nautol	,						Date
	High School District		Chair, Boa	ard of Truste	es				Date
			1	I attest	that the above	information	is true and correct.		<u> </u>
	Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School Cl	erk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Соц	inty		Legal Entity	
Whitefish Elem					Fla	athead		0334	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Cou			Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student I	Name	School		Grade
(If yes, please attach	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student I	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				е Опісе от	Otentent		Oahaal		Ozzada
Check here only if incre District Trustees and th				proved by the	Student I	Name	School		Grade
Elem District Approval	·		itials		Student I	Name	School		Grade
HS District Approval County Approval	□ yes □	□ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades 1		 □ 2nd Semester Onl	v □ Both Se	emesters
Cheri Allen						•		y - Bourec	incoloro
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	garten  ☐ 2nd Semester Onl	y 🗆 Both Se	emesters
					KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home	to nearest so	hool (one w	ay)		Kinderga by this c	arten child ride ontract:	es <u>with</u> other school-a	age students a	ilso covered
Elementary 14	HS <b>0</b>				To or from	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kinderga To or from	arten child riden Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or froi	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadlii PARENT		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						<b>SUPERINTEN</b> Your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<del></del>	
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow	/s:			County, hereinat	fter referred to as	s the District(s).			
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance re	ported on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.				ation upon certification 142, MCA, and the info		rincipal of the school of the nu	mber of days the stu	iuent(s) was
	terminate at the er	d of the school		student(s) is no longe	er enrolled in school, v			Date	
Whitefish Elem High School District									
Tilgii School District		Cridii, B0	ard of Truste					Date	
			I attes	t that the above	information is tru	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT  59620	-2501		Di	ie to School C	Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity	
Whitefish Elem					FI	athead		0334	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract		ounty		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				c cinice of	Student	Name	School		Grade
Check here only if incre District Trustees and th				proved by the	Student	Name	School		Orace
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval		□ no □ no				ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 semester Only	□ 2nd Semester Onl	y □ Both Se	emesters
Elizabeth Moder					Pre-kind	dergarten/Kinder	garten	-	
Physical Address (st	treet address	only):					☐ 2nd Semester Onl	y 🛘 Both Se	emesters
					KINDER	RGARTEN/PREI	KINDERGARTEN:		
Distance from home		hool (one w	ay)		by this	contract:	es with other school-a	_	
Elementary 14	HS <b>0</b>				To or fro	om School	times per day, _ times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kinderd	arten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts:
□ Contract is for or	ne-way only				To or fro	om School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadl		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		I to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN  your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								<u></u>	
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and scl	hool district (dist	rict name)		,
(county name) The parties agree as follow	/s:			County, hereinat	fter referred to a	as the District(s).			
insured driver will tr	ransport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	on for the distance re	eported on the contra	session. The parent or guard ct actually occurs.		
transported for the	past semester.					on by the teacher or p nformation accompany	rincipal of the school of the nu	mper of days the stu	ident(s) was
	terminate at the er	d of the school		student(s) is no longe		, whichever occurs firs		Date	
Whitefish Elem High School District									
Tilgii School District		Cridii, B0	ard of Truste	<u></u>				Date	
			I attes	t that the above	information is tr	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due	to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Whitefish Elem			Flathead		0334
High School or K-12 District Responsi	ble for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between e  □ yes □ no	lementary and high scho	ol?	<u>'</u>		
Are you applying for isolation stat			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	) A, provides for increased reir	mbursement	Otadent Name	GCHOOL	Grade
rates for special circumstances of isola increased rates, individual circumstant trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and th	to receive oproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade
Elem District Approval ☐ yes	Initials  □ no □ no		Student Name	School	Grade
County Approval  yes	□ no		THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Jennifer Borland Physical Address (street address	only):		Pre-kindergarten/Kinder  ☐ 1st Semester Only		v □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 11 HS 0			Kindergarten child ride by this contract: To or from Bus Stop To or from School	es <u>with</u> other school-a times per day, times per day,	ge students also covered  days per week days per week
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (one way)		Kindergarten child ride	es <u>without</u> other schoo	ol-age students: days per week days per week
□ Contract is for one-way only			TO OF HOLL SCHOOL	times per day,	days per week
Students in Each Grade Level - Only include	the students to be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1	
Pre-K Total	K 1-8 Total Total	9-12 Total			1, retain a copy for your
Regular Trans					
Spec. Ed. Trans			county superinter copy for your files.	IDENTS: Send original	I to OPI by July 10, retain a
Room & Board					TF
Correspondence				trict, county and OPI	··-
Reg.					
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.				20-10-142, WCA.	
	·				
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	,
(county namo)			r referred to as the District(s)		
(county name)  The parties agree as follows:		-	bus stop on the days when school is in		an assures that a licensed and
insured driver will transport the stude	nts. Mileage contracts are valid	only when transportation	for the distance reported on the contra on upon certification by the teacher or p	ct actually occurs.	
transported for the past semester.  3. The payment shall be computed on the state of the payment shall be computed on the state of the payment shall be computed on the state of the payment shall be computed on the past semester.	he basis of the schedule establish	ned in Section 20-10-142	2, MCA, and the information accompan	ying this contract.	,
		student(s) is no longer of	enrolled in school, whichever occurs fin		Date
Whitefish Élem	,				
High School District	Chair, Board of Truste	es			Date
	I attes	t that the above in	formation is true and correct.		·
Signature - Parent or Guardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity	_
Whitefish Elem						Flathead		0334	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?					_
Are you applying for			□ No		Stuc	dent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation)	. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters	
Kimber Anderso Physical Address (st		only):				kindergarten/Kinder st Semester Only		y    Both Semesters	
Distance from home Elementary 14  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> se-way only	s stop, if an	y (one way)  De covered by thi  1-8  Total	9-12 Total	Exercise Reserve to the control of t	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day, times	days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was	_
High School District		Chair, Boa	ard of Trustee	es				Date	
		1	I attest	that the above	information	is true and correct.		1	=
Signature - Parent or	Guardian						Date		=

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 20250 i i, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity
Whitefish Elem						Flathead		0334
High School or K-12 Dist	rict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared   □ yes □ no	d between ele	ementary ar	nd high school	ol?				
Are you applying for is			□ No		Stu	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	Oluk	ioni i vaino	0011001	Orduc
rates for special circums increased rates, individu- trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstanc e county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Grade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
		Ini no	itials 			lent Name	School	Grade
County Approval  Parent or Guardian N	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
	,	e Pilili)			□ 1	st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Lynn A. Cherring Physical Address (str	ton eet address o	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
Distance from home to Elementary 10  Distance from home to Elementary 4.8  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 o nearest bu HS 0 e-way only el - Only include to	the students to t	y (one way)  De covered by thi  1-8  Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day, times	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)
insured driver will trai  In March and June, the transported for the pa  The payment shall be This contract shall te  Elementary School Di	sport or provide to report the studer the District shall pust semester. to computed on the computed on the	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Whitefish Elem High School District		Chair, Boa	ard of Trustee	es				Date
-								
Signatura Barant ar C	uardian		I attest	that the above	information	is true and correct.	Date	
Signature - Parent or G	uaruian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Is this contract shared between elementary  □ yes □ no	and high school?		
Are you applying for isolation status? ☐ Ye	es 🗆 No	Student Name School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA, provides	for increased reimbursement		Grade
rates for special circumstances of isolation of resi increased rates, individual circumstances must be trustees of the district, the county transportation of Public Instruction. (10.7.116 ARM provides guide	idence. In order to receive e reviewed and approved by the committee, and the Office of	Student Name School	Grade
Check here only if increased payment due to isolal District Trustees and the County Transportation C		Student Name School	Grade
Elem District Approval	Initials	Student Name School	Grade
County Approval ☐ yes ☐ no  Parent or Guardian Name: (Please Print)		THIS CONTRACT IS FOR: Grades 1-12	
,		☐ 1st Semester Only ☐ 2nd Semes	ter Only   Both Semesters
Nita Fauth Physical Address (street address only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semes	ter Only   Both Semesters
Distance from home to nearest school (one Elementary 14 HS 0  Distance from home to nearest bus stop, if Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students  Pre-K K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	any (one way)	Kindergarten child rides with other so by this contract:  To or from Bus Stop times pe To or from School times pe Kindergarten child rides without other To or from Bus Stop times pe To or from School Clerk June 7  CLERKS: Send original to County Suprifiles.  COUNTY SUPERINTENDENTS: Send copy for your files.  REIMBURSEME (For district, county and Reimbursement rate is 20-10-142, I	days per week da
insured driver will transport the students. Mileage	County, herein.  n for the student(s) to and from the schort contracts are valid only when transport the sum officially approved in the appl	, and school district (district name) after referred to as the District(s).  ol or bus stop on the days when school is in session. The paren ation for the distance reported on the contract actually occurs. cation upon certification by the teacher or principal of the school 0-142, MCA, and the information accompanying this contract.	ŭ
transported for the past semester. 3. The payment shall be computed on the basis of th 4. This contract shall terminate at the end of the schi- Elementary School District Chair, I Whitefish Elem			Date Date
transported for the past semester. 3. The payment shall be computed on the basis of th 4. This contract shall terminate at the end of the schi- Elementary School District Chair, I Whitefish Elem	ool year or when the student(s) is no lon Board of Trustees Board of Trustees		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to Schoo	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Whitefish Elem						Flathead		0334
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for						
rates for special circun increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be re- sportation com-	viewed and apmittee, and th	oproved by the	Stud	ent Name	School	Grade
Public Instruction. (10.	·	J	·		Stud	ent Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the				
Elem District Approval	•	□ no	tials ———		Stud	ent Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Terry Sargent					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						DERGARTEN/PRE		ge students also covered
Distance from home Elementary <b>11</b>	e to nearest so HS <b>0</b>	hool (one wa	ay)		by tl	nis contract:		days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To o <b>Kinc</b>	r from School lergarten child ride	times per day, _ es without other scho	days per week ol-age students:
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days per week
Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.		adlines:		
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files.		to County Supt by July	/ 1, retain a copy for your
Regular Trans							IDENTS. Sand origina	I to ODI by July 10, rotain a
Spec. Ed. Trans						for your files.	identis. Send ongina	I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								<del>.</del>
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement betweer	n parent (parei	nt name)			, and	school district (district	rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow	vs.			County, hereinaf	ter referred	to as the District(s).		
The parent shall tra insured driver will t	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distar	nce reported on the contract	ct actually occurs.	an assures that a licensed and
transported for the	past semester.							nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		he information accompany hool, whichever occurs firs		Dete
Elementary School Whitefish Elem		,	rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Cle	rk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		Coun	ty		Legal Entity
Whitefish Elem					Flat	head		0334
High School or K-12 Dis	trict Responsit	ole for Reimbu	ursing the Con	tract	Coun			Legal Entity
Whitefish H S					Flat	head		0335
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high scho	ol?				
Are you applying for (If yes, please attach			□ No		Student Na	ame	School	Grade
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	0-10-142, MCA stances of isola ual circumstanc ne county trans	A, provides for ation of residences must be resportation com	nce. In order to eviewed and ap nmittee, and th	o receive oproved by the	Student Na	ame	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Na	ame	School	Grade
Elem District Approval HS District Approval	□ yes □	In no	itials		Student Na		School	Grade
County Approval  Parent or Guardian N		no			Grades 1-		<u> </u>	
	varrie. (i leas	e i iiii)			☐ 1st Sen	nester Only	2nd Semester Onl	y   Both Semesters
Jami Phillips Physical Address (str	reet address	only):				garten/Kinde nester Only	rgarten □ 2nd Semester Onl	y   Both Semesters
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Lev	HS <b>8.5</b> to nearest bu HS <b>5</b> e-way only vel - Only include	is stop, if an	y (one way)		by this co To or from To or from Kindergar To or from To or from Deadlin	ntract: Bus Stop School ten child rid Bus Stop School School	times per day,times per day,times per day,es without other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY copy for yo		NDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					., ,		FIMBURSEMENT RA	ATF
Correspondence						(For dis	trict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.						Reimb	oursement rate is detern 20-10-142, MCA.	nined by
Agreement between	parent (parer	nt name)			, and scho	ol district (dis	trict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follows		ranapartation fo		•	ter referred to as			lian assures that a licensed and
insured driver will tra 2. In March and June, t transported for the p	nsport the studer the District shall p ast semester.	nts. Mileage cor pay the parent th	ntracts are valid on tracts are valid on the sum officially a	only when transportation only when transportation on the application of the application o	on for the distance reportion upon certification b	orted on the contra by the teacher or	act actually occurs. principal of the school of the nu	mber of days the student(s) was
<ol> <li>This contract shall te</li> </ol>	erminate at the en	d of the school	year or when the	student(s) is no longe	42, MCA, and the infor r enrolled in school, wh	nichever occurs fil	iying uns contract. ist.	Data
Elementary School D Whitefish Elem	USTRICT	,	ard of Truste					Date
High School District Whitefish H S		Chair, Bo	ard of Truste	es				Date
			I attes	t that the above i	nformation is true	and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Helen	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Marion Elem						Flathead		0341	
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				<u>'</u>	
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	, provides for	increased rein	nbursement	1	ioni ramo	Concor		Orado
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School		Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School		Grade
Elem District Approval			tials		Stud	lent Name	School		Grade
HS District Approval	□ yes □	no			TU!	S CONTRACT IS FO	ND.		
County Approval  Parent or Guardian I		no			Gra	des 1-12			
	ramo. (Frodo	5 · · · · · · · ·			□ 1	st Semester Only	□ 2nd Semester Onl	ly ☐ Both Se	mesters
Angela Shrader Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only	garten □ 2nd Semester Onl	ly □ Both Se	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary <b>6</b>	to nearest sc HS <b>0</b>	hool (one wa	ay)		by t	his contract: or from Bus Stop	es <u>with</u> other school-	davs	s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	s stop, if an	y (one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	times per day,times per day,	ool-age student days	s per week
<ul><li>Contract is for or</li></ul>	ne-way only						times per day, _	uay.	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	De:	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original	I to County Supt by Jul	ly 1, retain a cop	by for your
Regular Trans									
Spec. Ed. Trans						or your files.	IDENTS: Send origina	al to OPI by July	≀10, retain a
Room & Board							EIMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	l use only)	
Reg.						D. in I	uraamant sete is det	minad by	
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and	d school district (dist	rict name)		,
(county name)			(	County, hereina	after referred	to as the District(s).			
The parties agree as follow  1. The parent shall tra		ransportation for	the student(s) to	and from the school	ol or bus stop on	the days when school is in	session. The parent or guard	dian assures that a lie	censed and
<ol><li>In March and June,</li></ol>	the District shall p					nce reported on the contraction by the teacher or p	ct actually occurs. rincipal of the school of the nu	umber of days the stu	dent(s) was
	be computed on th					the information accompany			
4. This contract shall t Elementary School I			rear or when the ard of Truste		ger enrolled in so	chool, whichever occurs firs	<u>t.</u>	Date	
Marion Elem		,							
High School District		Chair, Boa	ard of Truste					Date	
			I attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Elementary Detroct Responsible for Reimbursing the Contract Marion Elem High School or 1:12 Betrict Responsible for Reimbursing the Contract High School or 1:12 Betrict Responsible for Reimbursing the Contract Legal Entity  Is, this contract shared between elementary and high school?	Helena	a, MT 59620-	-2501		D	ue to Scho	ol Clerk June 1			
Is this contract shared between elementary and high school?  yes   no Are you applying for isolation status?   Yes   No (If yes, please attach explanation)    SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract in the Contract	Elementary District Resp	onsible for Rei	imbursing the	Contract			County	•	Legal Entity	
Is this contract shared between elementary and high school?  yes   no Are you applying for isolation status?   Yes   No (If yes, please attach explanation)    SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract in the Contract	Marion Flem						Flathead		0341	
Aye you applying for isolation status?   Yes		trict Responsib	le for Reimbu	rsing the Cont	ract					
Aye you applying for isolation status?   Yes										
Student Name		d between ele	ementary an	d high schoo	ol?					
Student Name	Are you applying for is	solation statu	ıs? □ Yes	□ No		Ctur	Hant Nama	Sahaal		Crado
Intension for special corunstances of leadston of residence. In order to receive intronseod rates, ordividual circumstances must be reviewed and approved by the process of the district, she country transportations committee, and the College of Public Intension (IC)-7.18 ARITY provides guidelines to such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the Country Transportation Committee.  Elem District Approval   yes   no	(If yes, please attach	explanation)	provides for	increased rein	ahursamant	3 iui 7	ient Name	SCHOOL		Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    Student Name	rates for special circums increased rates, individu- trustees of the district, th	tances of isolate al circumstance le county trans	tion of resider es must be re portation com	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School		Grade
Elem District Approval yes no   Grade	Check here only if increa	sed payment o	due to isolation	n has been ap	proved by the	Stud	dent Name	School		Grade
State   Stat			Ini			Stud	lent Name	School		Grade
Parent or Guardian Name: (Please Print)  Harvey Hendrickson  Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4  HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0  HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K  K 1-3  9-12  Total Total Total Total Total  Regular Trans  Spec. Ed. Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  Country, hereinafter referred to as the District (s).  Regenent between parent (parent name)  Country name)  Country name)  Country name)  Country name  Cou	HS District Approval	□ yes □	no							0.000
Harvey Hendrickson Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4 HS 0 Bistance from home to nearest bus stop, if any (one way) Elementary 4 HS 0 Bistance from home to nearest bus stop, if any (one way) Elementary 6 HS 0 Bistance from home to nearest bus stop, if any (one way) Bist								<u>)R:</u>		
Physical Address (street address only):	Parent of Guardian N	ame. (Flease	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Onl	ly 🗆 Both Se	mesters
Stance from home to nearest school (one way)	Harvey Hendricks	son	1>							
Distance from home to nearest school (one way)  Elementary 4	Physical Address (str	eet address (	oniy):			□ 1	st Semester Only	☐ 2nd Semester Onl	ly ☐ Both Se	mesters
Agreement between parent (parent name)	Elementary 4  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 o nearest bus HS 0 e-way only el - Only include t	s stop, if any	/ (one way) le covered by thi	9-12	Eine by to compare the compare to compare the compare	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  JNTY SUPERINTEN y for your files.	times per day, times	days days col-age student days days 1, retain a cop al to OPI by July	s per week s per week s: s per week s per week s per week
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Marion Elem  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Contingency						Reimbi		mined by	
Elementary School District Chair, Board of Trustees Date  High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	(county name)  The parties agree as follows:  1. The parent shall transinsured driver will transinsured driver will transported for the parties of the payment shall be	sport or provide tr nsport the studen ne District shall pr ast semester. e computed on the	ransportation for tts. Mileage con ay the parent the	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transporta pproved in the applicated in Section 20-10	after referred of or bus stop on tion for the dista cation upon certi	to as the District(s). the days when school is in nee reported on the contrat fication by the teacher or put the information accompany	session. The parent or guard at actually occurs. rincipal of the school of the nu-		
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	Elementary School Di					30. CINORCU III 30			Date	
			Chair, Boa	ard of Truste	es				Date	
Signature - Parent or Guardian Date				I attes	that the above	information	is true and correct.			
	Signature - Parent or G	uardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Marion Elem						Flathead		0341	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	d high scho	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.)	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	dent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	v □ Both Sei	mesters
Jill E. Sargent						-kindergarten/Kinderg		,	
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Sei	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 7	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kin	dergarten child ride	times per day, _ times per day, _ es <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				To	or from School	times per day,	days	per week
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/10 retain a
Spec. Ed. Trans						y for your files.	DENTO: Ocha ongme	in to Or 1 by July	ro, retair a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	lian assures that a lic	censed and
	, the District shall p					nce reported on the contractification by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish ear or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ring this contract. t.		
Elementary School Marion Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the chave	information	is true and correct			
Signature - Parent or	Guardian		ı attes	t triat trie above	= iniornation	is true and correct.	Date		
	<b></b>								

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 596		D						
Elementary District Responsible for	r Reimbursing the Cor	ntract	County	Legal Entity				
Marion Elem			Flathead	0341				
High School or K-12 District Responsible for Reimbursing the Contract			County	Legal Entity				
Is this contract shared between ☐ yes ☐ no	n elementary and h	igh school?						
Are you applying for isolation s (If yes, please attach explanati ISOLATION: Section 20-10-142, N	on)	□ No	Student Name School	Grade				
rates for special circumstances of i increased rates, individual circumst trustees of the district, the county to Public Instruction. (10.7.116 ARM)	solation of residence. tances must be review ransportation committe	In order to receive red and approved by the ee, and the Office of	Student Name School	Grade				
Check here only if increased paym District Trustees and the County Tr	ent due to isolation ha	s been approved by the	Student Name School	Grade				
Elem District Approval □ yes HS District Approval □ yes	☐ no ☐ no	<del></del>	Student Name School Grade					
County Approval	no		THIS CONTRACT IS FOR: Grades 1-12					
·	ease Plilit)		☐ 1st Semester Only ☐ 2nd Semester					
Julie Holmes  Physical Address (street addre	see only):		Pre-kindergarten/Kindergarten					
1 Trystoat Address (street addre	.33 Offiy).		☐ 1st Semester Only ☐ 2nd Semester	□ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest Elementary 8 HS 0  Distance from home to nearest Elementary 0 HS 0  Contract is for one-way onl Students in Each Grade Level - Only incl  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency	t bus stop, if any (or y ude the students to be co		KINDERGARTEN/PREKINDERGARTEN Kindergarten child rides with other sch by this contract:  To or from Bus Stop times per of To or from School times per of Kindergarten child rides without other stop or from Bus Stop times per of To or from School times per of To or from School times per of times per of  Deadlines: PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt be files.  COUNTY SUPERINTENDENTS: Send or copy for your files.  REIMBURSEMEN (For district, county and  Reimbursement rate is d 20-10-142, MC	days per week days per week days per week school-age students: lay, days per week days per we				
Spec. Ed. Contin.			20-10-142, IVIC	<b>У</b> Д.				
Agreement between parent (pa  (county name)  The parties agree as follows:  1. The parent shall transport or prov			, and school district (district name) after referred to as the District(s).	r quardian assures that a licensed and				
insured driver will transport the st 2. In March and June, the District sh transported for the past semester 3. The payment shall be computed	udents. Mileage contract all pay the parent the sun : on the basis of the schedu	s are valid only when transporta n officially approved in the appli le established in Section 20-10	ition for the distance reported on the contract actually occurs, cation for the distance reported on the contract actually occurs, cation upon certification by the teacher or principal of the school of in-142, MCA, and the information accompanying this contract.  ger enrolled in school, whichever occurs first.					
Elementary School District Marion Elem	Chair, Board		ger Emelling in obilest, inhalitate booking illat.	Date				
High School District	Chair, Board	of Trustees		Date				
		I attest that the above	e information is true and correct.					
Signature - Parent or Guardian			Date					

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Marion Elem						Flathead		0341			
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share  □ yes □ no	ed between el	ementary ar	d high school	ol?				<u>'</u>			
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attac	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement	1	ioni ramo	Concor		Olddo		
rates for special circum increased rates, individ trustees of the district,	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and appointment and the mittee, and the	o receive oproved by the	Stud	dent Name	School		Grade		
Check here only if incre	Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Student Name School Grade						
Elem District Approval			tials		Stud	Student Name School Grade					
HS District Approval	□ yes □	no			TU!						
County Approval  Parent or Guardian		no			Gra	THIS CONTRACT IS FOR: Grades 1-12					
	·	0 1 mm,			□ 1	st Semester Only	□ 2nd Semester Onl	ly ☐ Both Se	mesters		
Michelle Larson Physical Address (s		only).				kindergarten/Kinder					
1 Hysical Address (s	ticci addicas	Orliy).			□ □ 1	st Semester Only	□ 2nd Semester Onl	ly ⊔ Both Se	mesters		
Distance from home to nearest school (one way) Elementary <b>5.5</b> HS <b>0</b> Distance from home to nearest bus stop, if any (one way) Elementary <b>0</b> HS <b>0</b> Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.			KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week  Deadlines: PARENTS: Due to School Clerk June 1.								
	Pre-K	_ K	1-8	9-12							
	Total	Total	Total	Total	files		I to County Supt by Jul	ly 1, retain a cop	by for your		
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to ODI by July	(10 rotain a		
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to OFT by July	7 TU, TELAIIT A		
Room & Board						RE	IMBURSEMENT R	ATE			
Correspondence						(For dist	REIMBURSEMENT RATE (For district, county and OPI use only)				
_ '											
Reg. Contingency						Reimb	ursement rate is deter	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agreement betweer	narent (narer	nt name)			and	d school district (distr	rict name)				
	· paront (paron	it riamo)				·			······································		
(county name) The parties agree as follow				•		to as the District(s).					
insured driver will t	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract					
transported for the	past semester.		•			fication by the teacher or pi the information accompany	rincipal of the school of the nu	amber of days the stu	ueni(s) Was		
<ol> <li>This contract shall</li> </ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany chool, whichever occurs firs		Data			
Elementary School Marion Elem	DISTRICT	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			Lattes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian						Date				
							(				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity			
Marion Elem						Flathead		0341			
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share  □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attac	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	1	ioni ramo	Concor		Olddo		
rates for special circum increased rates, individ trustees of the district,	nstances of isola dual circumstance the county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	dent Name	School		Grade		
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Student Name School Grade						
Elem District Approval			tials		Stud	Student Name School Grade					
HS District Approval	□ yes □	no									
County Approval  Parent or Guardian		no			Gra	THIS CONTRACT IS FOR: Grades 1-12					
	,	0 1 mm,			□ 1	st Semester Only	□ 2nd Semester On	ly ☐ Both Se	mesters		
Rick & Shelley C Physical Address (s		only):				Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
,		• /				•		iy - Bourec	mesters		
Distance from home to nearest school (one way) Elementary 24.9 HS 0  Distance from home to nearest bus stop, if any (one way)			KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students:								
Elementary <b>0</b>	HS <b>0</b>				To c	To or from Bus Stoptimes per day,days per week To or from Schooltimes per day,days per week					
□ Contract is for o	, ,		d lo 41-2			adlines:					
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAF	RENTS: Due to Sch	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLE</b> files		to County Supt by Jul	ly 1, retain a coր	by for your		
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN  of for your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a		
·					000			ATC			
Room & Board						REIMBURSEMENT RATE (For district, county and OPI use only)					
Correspondence											
Reg. Contingency						Reimb	ursement rate is deteri	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
		, ,									
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································		
(county name) The parties agree as follow	ws.			County, hereina	after referred	to as the District(s).					
The parent shall tra	ansport or provide t					the days when school is in	session. The parent or guare	dian assures that a lie	censed and		
	, the District shall p						rincipal of the school of the nu	umber of days the stu	dent(s) was		
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany shool, whichever occurs firs					
Elementary School			ard of Truste					Date			
Marion Elem High School District		Chair, Boa	ard of Truste	es				Date			
			Lattes	t that the above	information	is true and correct.					
Signature - Parent or	Guardian		i alles	t triat trie above	inionilation	is true and correct.	Date				
orginature - Parent Or	Guaruidii						Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620-2501  Due to School Clerk June 1										
Elementary District Resp	onsible for Re	imbursing the	Contract		County			Legal Entity		
Marion Elem						Flathead		0341		
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract shared   □ yes □ no	l between ele	ementary ar	nd high schoo	ol?						
Are you applying for is			□ No		Stud	dent Name	School	Grade		
(If yes, please attach (ISOLATION: Section 20	explanation) -10-142, MCA	, provides for	increased rein	nbursement	0.0.		<b>3</b> 5 <b>3</b> 5.	3.443		
rates for special circumst increased rates, individual trustees of the district, the Public Instruction. (10.7.1)	al circumstance e county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade		
Check here only if increa District Trustees and the	sed payment o	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	ges		itials			lent Name	School	Grade		
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian N	ame: (Please	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Sharon Palmer Physical Address (stre	eet address o	only):				Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to Elementary 13  Distance from home to Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 o nearest bu HS 0 e-way only	s stop, if an	y (one way)  De covered by this  1-8  Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files.  REINTS:	times per day, times	days per week days per week days per week  / 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)		
insured driver will trar 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide tr isport the studen e District shall pist st semester. computed on the minate at the end	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and inber of days the student(s) was	,	
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	l attest	that the above	information	is true and correct.			_	
Signature - Parent or G	uardian		, 411001				Date		=	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				2004- 2005   Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the (	Contract			County		Legal Entity	
Olney-Bissell El	em					Flathead		0342	
High School or K-12 D		ole for Reimbur	sing the Cont	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation)	)	□ No	mbursement	Stude	nt Name	School	Gi	rade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be rev sportation comn	ce. In order to riewed and appointed and the contraction of the contra	o receive oproved by the	Stude	nt Name	School	Gi	rade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	pproved by the	Student Name School Grade				
Elem District Approval		Initi □ no	ials		Stude	nt Name	School	Gı	rade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 Semester Only	□ 2nd Semester On	ly □ Both Semester	rs
Guyla Stubbert					Pre₋k	indergarten/Kinder	narten		
Physical Address (s	treet address	only):						ly   Both Semester	rs .
Distance from home Elementary 15  Distance from home Elementary 0  Contract is for o Students in Each Grade Lementary 15  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract.  9-12 Total	Kinde by th To or To or Kinde To or To or  Dead PARE files. COUI	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch EKS: Send origina ENTY SUPERINTEN for your files.  RE (For dist	times per day,	days per w days per w ly 1, retain a copy for y al to OPI by July 10, re ATE use only)	veek veek veek veek
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the studer, the District shall past semester, be computed on the terminate at the er	transportation for this. Mileage control the parent the parent the the basis of the sch	the student(s) tracts are valid of sum officially a nedule establishear or when the	o and from the school only when transportati approved in the applicated in Section 20-10-1 student(s) is no longer	fter referred to l or bus stop on the ion for the distance ation upon certification	e reported on the contra	session. The parent or guan ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed al imber of days the student(s) w Date	
High School District	:	Chair, Boar	rd of Truste	es				Date	
		l	I attes	t that the above	information is	s true and correct.			
Signature - Parent or	Guardian						Date		
							Ĩ		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity	
Olney-Bissell El	em					Flathead		0342	
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be review portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters	
Ruth M. Hill		I. A.			Pre-	-kindergarten/Kinder	garten		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Distance from home Elementary 14  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day,	days per week days per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a late. ATE luse only)	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contrary the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was  Date  Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	<u> </u>	Legal Entity	
Olney-Bissell El	em					Flathead		0342	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incre	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	ials		Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	·	e Print)				st Semester Only	□ 2nd Semester On	ly   Both Semesters	
Sandra L. McCa Physical Address (s		only):				-kindergarten/Kinder			
Friysical Address (s	lieel address	orny).				·		ly   Both Semesters	
Distance from home Elementary 10  Distance from home Elementary 0  Contract is for or	s stop, if any	(one way)		Kin by t To c To c Kin To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other scho times per day,	days per week days per week ool-age students: days per week days per week days per week days per week		
Students in Each Grade Le				· · ·	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLE</b> files		to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.	DENTO: Gend ong		
Room & Board							IMBURSEMENT R		
Correspondence						(1 01 0101	not, obuity and or	r doc only)	
Reg. Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)				d school district (distr	rict name)	,	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contr ay the parent the e basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	ct actually occurs. rincipal of the school of the nutring this contract.	dian assures that a licensed and umber of days the student(s) was	
Elementary School		Chair, Boar			omonea in si	aon, windriever occurs IIIs		Date	
Olney-Bissell Elem High School District		Chair, Boar	rd of Truste	es				Date	
			I attes	t that the above	information	is true and correct.		1	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
rates for special circun increased rates, individual trustees of the district,	<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade		
Check here only if incr	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade		
Elem District Approval	□ yes □	Initi □ no	als		Stud	dent Name	School	Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Amy D. Gregoire Physical Address (s		only):				kindergarten/Kinderg				
1 Hysical Address (s	illeet address	orny).				•		nly   Both Semesters		
Distance from home Elementary <b>5.6</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by t To c Kin To c To c De PAF CLE	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1.	days per week days per week days per week ool-age students: days per week		
Spec. Ed. Trans					cop	y for your files.				
Room & Board  Correspondence							IMBURSEMENT Rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbu	ursement rate is deter 20-10-142, MCA.	rmined by		
(county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to In March and June transported for the The payment shall This contract shall Elementary School	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.									
West Valley Elem High School District		Chair, Boar	d of Truste	es				Date		
5		, _ 30.								
Ciamatura Burni	Occarding		I attes	t that the above i	information	is true and correct.	Dete			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	nbursement	Olde	cht rame	Concor	Grade
rates for special circun increased rates, individ					Stud	ent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Stuc	ent Name	School	Grade
District Trustees and the	ne County Trans		mittee. tials		Chira	land Name	Cabaal	Crada
Elem District Approval HS District Approval		□ no □ no				ent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Amy Glasman Physical Address (s	troot addraga	only):				kindergarten/Kinder		
Physical Address (s	ireer address	oriiy).			□ 1	st Semester Only	☐ 2nd Semester Only	y    Both Semesters
						DERGARTEN/PREM		ge students also covered
Distance from home Elementary <b>4.5</b>	e to nearest so HS <b>0</b>	hool (one wa	ıy)		by t	his contract:		
•			,		To 0	r from Bus Stop r from School	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		<b>Kind</b> To o	<b>lergarten child ride</b> r from Bus Stop	es <u>without</u> other school times per day.	ol-age students: davs per week
□ Contract is for o	ne-way only				Тоо	r from School	times per day,	days per week
Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.		adlines:		
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a copy for your
Regular Trans							IDENTO Conductivino	Lta ODI by hyby 40 matain a
Spec. Ed. Trans						nty Superinten for your files.	IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	rict name)	······································
(county name)				County, hereinaf	ter referred	to as the District(s).		
The parties agree as follow		ransportation for		-			session. The parent or guardi	ian assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p					nce reported on the contractication by the teacher or pro-		mber of days the student(s) was
	be computed on th					the information accompany		
Elementary School			ear or when the ird of Truste		a emoned in sc	hool, whichever occurs firs	ı.	Date
West Valley Elem High School District		Chair, Boa	rd of Truste	es				Date
Signature Parent	Guardian		I attes	t that the above i	information	is true and correct.	Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity
West Valley Ele	m				1,	Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?	•			
Are you applying for	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Stude	nt Name	School	Orace
rates for special circun increased rates, individ	nstances of isola dual circumstand	ation of residen	ce. In order t	o receive oproved by the	Stude	nt Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			· · · · · · · · · · · · · · · · · · ·	
Check here only if incr District Trustees and the				proved by the	Stude	nt Name	School	Grade
Elem District Approval	•		tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	DR:	
Parent or Guardian						s 1-12 Semester Only	 □ 2nd Semester Only	/ □ Both Semesters
Anna L. Stene						•	•	
Physical Address (s	treet address	only):				ndergarten/Kinder Semester Only		/ □ Both Semesters
						ERGARTEN/PREM		
Distance from home	e to nearest so	chool (one wa	ıy)			rgarten child ride s contract:	es <u>with</u> other school-a	ge students also covered
Elementary 4.5	HS <b>0</b>				To or	from Bus Stop	times per day, _	days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		Kinde To or	rgarten child ride	s <u>without</u> other scho	days per week  ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		dlines: NTS: Due to Scho	ool Clerk June 1	
	Pre-K	K	1-8	9-12 Tatal				
<b>5</b> <del>-</del>	Total	Total	Total	Total	files.	KS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy f	or your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(i oi dioi	not, obunty and or r	doc omy)
Reg. Contingency						Reimbi	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n narent (nare)	nt name)			and s	echaal district (distr	rict name)	
	r parent (paren	nt name)					ict name)	······································
(county name) The parties agree as follow				•		as the District(s).	The country of the co	
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid o	only when transportation	on for the distance	e reported on the contract	ct actually occurs.	ian assures that a licensed and nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the	information accompany	ing this contract.	noon on days and stadom(o) mas
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date
West Valley Elem High School District		Chair Ros	rd of Truste	es				Date
r light derioof bistrict	·	Onall, Boa	ii a oi Tiusle					Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian			<u> </u>			Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
West Valley Ele						Flathead		1184
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between el	ementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MCA	A, provides for			Old	aont ramo	Control	Sidds
rates for special circur increased rates, individual	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				proved by the	Stu	dent Name	School	Grade
District Trustees and t	·	In	itials		Stu	dent Name	School	Grade
Elem District Approval HS District Approval County Approval	□ yes	□ no □ no □ no			THI	S CONTRACT IS FO	OR.	
Parent or Guardian					Gra	des 1-12 Ist Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Anna M. Whidd	en					,	•	y Doin Semesters
Physical Address (s		only):				-kindergarten/Kinder Ist Semester Only		y    Both Semesters
					KIN	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home		chool (one wa	ay)		by t	his contract:		age students also covered
Elementary 6 HS 0				To	or from Bus Stop or from School	times per day, _	days per week days per week	
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	<u>De</u>	adlines:		
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a copy for your
Regular Trans							IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO. Gend ongma	ii to of 1 by outy 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Peimb	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.						Reimb	20-10-142, MCA.	mined by
Agreement between	n parent (pare	nt namo)			an	d school district (dist	rict name)	
	i pareiii (parei	nt name)						, , , , , , , , , , , , , , , , , , , ,
(county name)  The parties agree as follow  The parent shall to		transportation for		•		I to as the District(s).		ian assures that a licensed and
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establis	ned in Section 20-10-1	42, MCA, and	the information accompany	ring this contract.	. ,,
Elementary School			rd of Truste		er enrolled in s	chool, whichever occurs firs	il.	Date
West Valley Elem High School District	t	Chair, Boa	ard of Truste	es				Date
			l otto	t that the chave	informatic	is true and correct		
Signature - Parent or	Guardian		ı attes	t that the above i	iiiiormation	is true and correct.	Date	
•	-							

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			ue to School	2004- 2005 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	)	□ No	mbursement	Stude	nt Name	School	Grade	;
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Stude	nt Name	School	Grade	;
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name School Grade				
Elem District Approval		□ no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 : Semester Only	□ 2nd Semester Or	lly ☐ Both Semesters	
Barbara A. Pea					Pre-ki	ndergarten/Kinder	garten		
Physical Address (s	treet address	only):						ly Doth Semesters	
Distance from home Elementary <b>5.5</b> Distance from home Elementary <b>0</b> Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	is contract.	Kinde by thi To or To or Kinde To or To or To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines:	times per day, times per day, es without other scho times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
					PARE	NTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total		KS: Send origina	I to County Supt by Ju	lly 1, retain a copy for your	
Regular Trans					files.	ITV CUDEDINTEN	IDENTS: Conduction	al to ODI by July 10, ratain	_
Spec. Ed. Trans						for your files.	DENTS. Send ongin	al to OPI by July 10, retain	а
Room & Board							EIMBURSEMENT R		
Correspondence						(i oi disi	rict, county and Or	r use orly)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and	school district (dist	rict name)		٠,
(county name) The parties agree as follow				•		o as the District(s).			
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	tion for the distand	e reported on the contra	ct actually occurs.	rdian assures that a licensed and umber of days the student(s) was	
transported for the	past semester.		•		•	e information accompan	·	uniber of days the studefit(s) Was	
	terminate at the er	nd of the school y		student(s) is no long		ool, whichever occurs fire		Date	
West Valley Elem		,							
High School District	: 	Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attac ISOLATION: Section			increased rei	mbursement	Ota	aon ramo	2611001	Siddo
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and the	pproved by the	Stud	dent Name	School	Grade
Check here only if incr	eased payment	due to isolatio	n has been a	pproved by the	Stud	dent Name	School	Grade
District Trustees and the	-	. In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	□ no □ no						Siddo
County Approval  Parent or Guardian		no			Gra	<u>S CONTRACT IS FO</u> des 1-12		
	rvanic. (i icas	C I IIIII)			□ 1	st Semester Only	<ul> <li>2nd Semester Only</li> </ul>	□ Both Semesters
Barbara Carter Physical Address (s	treet address	only):				-kindergarten/Kinder	garten □ 2nd Semester Only	□ Both Semesters
, , , , , , , , , , , , , , , , , , , ,		- 37				•	•	both Semesters
Distance from home Elementary 7  Distance from home Elementary 0  Contract is for o	HS 0 e to nearest bu HS 0	·	• /		Kin by t To c To c Kin	chis contract: or from Bus Stop or from School dergarten child ride	es with other school-a times per day, times per day, times per day,	days per week days per week bl-age students: days per week days per week days per week days per week
Students in Each Grade L	, ,	the students to I	be covered by th	is contract.		adlines:		
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by July	1, retain a copy for your
Regular Trans							IDENTS. Conderiginal	I to ODI by July 10 rotain a
Spec. Ed. Trans						y for your files.	IDENTS: Send onginal	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							, -	
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	
(county name)				County, hereinaf	ter referred	I to as the District(s).		
	ansport or provide							an assures that a licensed and
	, the District shall p					ince reported on the contra ification by the teacher or p		nber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the	he basis of the so	chedule establis	hed in Section 20-10-1 student(s) is no longe	142, MCA, and er enrolled in se	the information accompany	ring this contract. it.	
Elementary School West Valley Elem			ard of Truste					Date
High School District	:	Chair, Boa	ard of Truste	ees				Date
		<u> </u>	Lattes	t that the above i	information	is true and correct.		1
Signature - Parent or	Guardian		. 41100				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	sox 202501 na, MT 59620	)-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity
West Valley Ele	m				1,	Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	rsing the Cont	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?	•			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otado	nt rame	Concor	Ciudo
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	viewed and ap	oproved by the	Stude	nt Name	School	Grade
Public Instruction. (10.					Stude	nt Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	pproved by the	Oldde	nt Hume	Conoci	Grade
Elem District Approval		□ no	tials ———		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Barbara Handy					Pre-ki	ndergarten/Kinder	rarten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						ERGARTEN/PRE		
Distance from home	e to nearest so	chool (one wa	ay)		by thi	s contract:		ge students also covered  days per week
Distance from home		us stop, if any	(one way)		To or s <b>Kinde</b>	from School rgarten child ride	times per day, _ s without other scho	days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>				To or :	from Bus Stop from School	times per day, _	days per week days per week
☐ Contract is for o	, ,						umos per day, _	days por wook
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines: NTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans						ITV 61 IDED IN ITEN		05
Spec. Ed. Trans						or your files.	IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						 Reimbi	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.						T Control	20-10-142, MCA.	inica by
opeo. Lu. comm.								
Agreement betweer	n parent (parei	nt name)			, and s	school district (distr	rict name)	,
(county name) The parties agree as follow	ws.			County, hereinaf	ter referred to	as the District(s).		
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					e days when school is in e reported on the contract		an assures that a licensed and
In March and June transported for the	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the applica	ation upon certifica	ation by the teacher or pr	incipal of the school of the nur	mber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ol, whichever occurs firs		
Elementary School West Valley Elem	District	Chair, Boa	rd of Truste	es				Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incre	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	•	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Barbara K. Pede Physical Address (s		oulv).				-kindergarten/Kinder		alu	
i ilyolodi / tadi oco (o	ar oot addr ood	oy /.				Ţ		nly   Both Semesters	
Distance from home to nearest school (one way) Elementary <b>4.5</b> HS <b>0</b> Distance from home to nearest bus stop, if any (one way) Elementary <b>0</b> HS <b>0</b>						his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other sch times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
Students in Each Grade Le	, ,	the students to be	covered by thi	s contract.	De	adlines:			
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by Ju	uly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	nal to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.	DENTO: Cond ongin	—————	
Room & Board							IMBURSEMENT R		
Correspondence						(1 01 0101	not, obunty and or	r doc crity)	
Reg. Contingency						Reimbi	ursement rate is deter	rmined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)	,	
insured driver will t	ansport or provide t ransport the studer , the District shall p	nts. Mileage contr	he student(s) to acts are valid o	and from the school only when transportation	or bus stop on on for the dista	nce reported on the contract	ct actually occurs.	rdian assures that a licensed and number of days the student(s) was	
<ol><li>The payment shall</li></ol>	be computed on th					the information accompany chool, whichever occurs firs			
Elementary School West Valley Elem		Chair, Boar				.,		Date	
High School District		Chair, Boar	d of Truste	es				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ool Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
West Valley Ele						Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction: Section	20-10-142, MC/	A, provides for			0.0	30.11.13.113	3033	5.445
rates for special circur increased rates, individual	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				oproved by the	Stu	dent Name	School	Grade
District Trustees and t	Ť	In	itials		Stu	dent Name	School	Grade
Elem District Approval HS District Approval County Approval	□ yes	□ no □ no □ no			THI	S CONTRACT IS FO	OR.	
Parent or Guardian					Gra	des 1-12 Ist Semester Only	☐ 2nd Semester Onl	y □ Both Semesters
Barbara S. Blar	ndford					•	•	y Doin Semesters
Physical Address (s		only):				-kindergarten/Kinder Ist Semester Only		y    Both Semesters
					KIN	IDERGARTEN/PREI	KINDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	ay)		by t	this contract:	· · · · · · · · · · · · · · · · · · ·	age students also covered
Elementary <b>4.5</b> HS <b>0</b>					To	or from Bus Stop	times per day, _	days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:
□ Contract is for o					To	or from School	times per day, _	days per week days per week
Students in Each Grade L	, ,	the students to b	ne covered by th	is contract.	De	adlines:		
	Pre-K	К	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	<b>CLI</b> files		I to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Sand origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	IDENTS. Send ongma	ii to OPI by July 10, letaill a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Doimb	uraamant rata ia datara	ained by
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
opeo. Ed. Contin.								
A	(					dll di-t-i-t (di-t	wint manner)	
Agreement between	n parent (pare	nt name)					rict name)	,
(county name) The parties agree as follow				3,		to as the District(s).		ian assures that a licensed and
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	he basis of the so	chedule establis	hed in Section 20-10-1	142, MCA, and	the information accompany	ving this contract.	2. 2., 2. 2 2 2 2 2 2 2 2.
Elementary School			year or when the ard of Truste		er enrolled in s	chool, whichever occurs firs	st.	Date
West Valley Elem High School District	t	Chair, Boa	ard of Truste	ees				Date
						to to to to		
Signature - Parent or	Guardian		I attes	t that the above i	ıntormatior	is true and correct.	Date	
Jigilalaic Talent O	Juan diail						2410	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity		
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?						
Are you applying for	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade		
(If yes, please attac			increased reir	mbursement	Stude	III Name	School	Orace		
rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Stude	nt Name	School	Grade		
Public Instruction. (10.	·	J	·		Stude	nt Name	School	Grade		
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the						
	Elem District Approval  yes no				Stude	nt Name	School	Grade		
HS District Approval County Approval					THIS (	CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Barbara W. Fun	k					•	ĺ			
Physical Address (s		only):				ndergarten/Kinder Semester Only		/ □ Both Semesters		
					KINDE	ERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 6	e to nearest so HS <b>0</b>	chool (one wa	ay)		Kinde by thi	rgarten child ride s contract:	es <u>with</u> other school-a	ge students also covered days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or t <b>Kinde</b>	from School rgarten child ride	times per day, _ es without other schoo	days per week  ol-age students: days per week days per week		
□ Contract is for o	ne-way only				To or t	from School	times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		llines:				
	Pre-K	K	1-8	9-12	PARE	NTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLER files.	KS: Send original	to County Supt by July	/ 1, retain a copy for your		
Regular Trans						ITY OUR FRINTEN	IDENTO Conductor	Lts ODI has halved a matein a		
Spec. Ed. Trans						or your files.	IDEN 15: Send origina	I to OPI by July 10, retain a		
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
Reg.										
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20-10-142, WCA.			
Agreement betweer	n parent (pare	nt name)			, and s	school district (distr	rict name)			
(county name)				County hereinaf	ter referred to	as the District(s).				
The parties agree as follow		transportation for		•			session. The parent or guardi	ian assures that a licensed and		
<ol><li>In March and June</li></ol>	, the District shall p					e reported on the contract ation by the teacher or pi		nber of days the student(s) was		
	be computed on the					information accompany				
Elementary School			ear or when the ord of Truste		er enrolled in scho	ol, whichever occurs firs	ī.	Date		
West Valley Elem High School District		Chair. Boa	rd of Truste	es				Date		
			I attes	t that the above i	information is	true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	1	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
rates for special circum increased rates, individual trustees of the district.	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Becky Hacke						-kindergarten/Kinder		
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 3.4  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for t its. Mileage contr iay the parent the ne basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or gua tt actually occurs. incipal of the school of the n	rdian assures that a licensed and number of days the student(s) was
West Valley Elem High School District		Chair, Boar						Date
riigii Scriooi District	· 	Onall, Dual	u oi iiusie					Date
			I attest	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian				_		Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo	r isolation stat	us? 🗆 Yes	□ No		Ctu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MC/	A, provides for i	ncreased reince. In order t	mbursement to receive				
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation comm	nittee, and th		Stu	dent Name	School	Grade
Check here only if incr District Trustees and to		sportation Comr	mittee.	pproved by the	Stu	dent Name	School	Grade
Elem District Approval HS District Approval		□ no	ials 		Stu	dent Name	School	Grade
County Approval		□ no				S CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Becky Smith					Pre	-kindergarten/Kinder	narten	
Physical Address (s	street address	only):					☐ 2nd Semester Only	/ □ Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary <b>4.2</b>	e to nearest so HS <b>0</b>	chool (one wa	y)		by f	his contract:	<del></del>	ge students also covered  days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		<b>Kin</b> To o	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.		adlines: RENTS: Due to Sch	ool Clark June 1	
	Pre-K	К	1-8	9-12	PAI	RENTS: Due to Sch	ooi Cierk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	/ 1, retain a copy for your
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send original	I to OPI by July 10, retain a
Spec. Ed. Trans					сор	y for your files.	-	
Room & Board							EIMBURSEMENT RA	
Correspondence						( 3. 3.3.	,,	,,
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
				<u>.                                    </u>				
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	,
(county namo)				County horoinaf	ftor roforro	I to as the District(s).		
(county name) The parties agree as follow				•		` ,		
insured driver will t	transport the stude	nts. Mileage cont	racts are valid o	only when transportation	ion for the dista	ince reported on the contra		
transported for the	past semester.	, ,	•		•		·	nber of days the student(s) was
		nd of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first		
Elementary School West Valley Elem	District	Chair, Boa	rd of Truste	es				Date
High School District	t	Chair, Boa	rd of Truste	es				Date
			Lattes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian		ו מונפט	נ נוומנ נוופ מטטעפ	iiiioiiiialiOl	is true and correct.	Date	
orginature - i arciil Or	-uui uiaii						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
District Trustees and the Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	nly   Both Semesters
Carol Marino						-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters
Distance from home Elementary 4  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1. to County Supt by Ju	days per week da
Room & Board							IMBURSEMENT Rict, county and OP	
Correspondence						( 1 1 1 1	,	,,
Reg. Contingency Spec. Ed. Contin.						Reimbu	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will to a line with the second secon	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for t tts. Mileage contr ay the parent the le basis of the sch d of the school ye	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or gual t actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School West Valley Elem		Chair, Boar						Date
High School District		Chair, Boar	d of Truste	es				Date
			l attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity		
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?						
Are you applying for	r isolation stat	us? □ Yes	□ No		Stude	ent Name	School	Grade		
(If yes, please attac			increased reir	mbursement	Studi	ent Name	School	Orace		
rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Stude	ent Name	School	Grade		
Public Instruction. (10.	·	J	·		Stude	ent Name	School	Grade		
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the						
	Elem District Approval  yes  no				Stude	ent Name	School	Grade		
HS District Approval County Approval					THIS	CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Carrie L. Clark						•	•			
Physical Address (s	treet address	only):				indergarten/Kinderot t Semester Only		/ □ Both Semesters		
					KINE	ERGARTEN/PREM	(INDERGARTEN:			
Distance from home Elementary <b>4.4</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		Kind by th	ergarten child ride is contract:	s <u>with</u> other school-a	ge students also covered days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		To or <b>Kind</b>	from School ergarten child ride	times per day, _ s without other scho	days per week ol-age students:		
□ Contract is for o	ne-wav onlv				То о	from School	times per day, _	days per week days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		dlines:				
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.			
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your		
Regular Trans										
Spec. Ed. Trans						NIY SUPERINIEN for your files.	IDENIS: Send origina	I to OPI by July 10, retain a		
Room & Board						RE	IMBURSEMENT RA	ATE		
Correspondence							rict, county and OPI			
_										
Reg. Contingency						Reimbu	ursement rate is determ	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
		•								
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	rict name)	,		
(county name)						to as the District(s).				
The parties agree as follow		transportation for		-			session. The parent or quard	ian assures that a licensed and		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	on for the distan	ce reported on the contrac	ct actually occurs.	nber of days the student(s) was		
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	I42, MCA, and th	ne information accompany	ing this contract.			
4. This contract shall Elementary School			ear or when the ord of Truste		er enrolled in sch	ool, whichever occurs firs	t.	Date		
West Valley Elem High School District		Chair Boa	rd of Truste	<u> </u>				Date		
Thigh School District		Chail, Bua	ii a oi Truste					Date		
			I attes	t that the above i	information i	s true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	20-2501			ool Clerk June 1				
Elementary District Responsible for F	Reimbursing the Co	ntract		County		Legal Entity		
West Valley Elem				Flathead		1184		
High School or K-12 District Respons	sible for Reimbursin	g the Contract		County		Legal Entity		
Is this contract shared between € □ yes □ no	elementary and h	igh school?						
Are you applying for isolation sta (If yes, please attach explanation	٦)	□ No		udent Name	School	Grade		
ISOLATION: Section 20-10-142, MC rates for special circumstances of iso increased rates, individual circumstan trustees of the district, the county tral Public Instruction. (10.7.116 ARM pro	lation of residence. nces must be review reportation committed.	In order to rece ved and approve ee, and the Office	ed by the Stu	udent Name	School	Grade		
Check here only if increased paymen District Trustees and the County Trar	it due to isolation ha	as been approve	d by the	udent Name	School	Grade		
Elem District Approval  yes HS District Approval  yes	Initials	S 	Stu	udent Name	School	Grade		
County Approval	□ no			IS CONTRACT IS FO ades 1-12	OR:			
Parent or Guardian Name: (Plea	se Print)			1st Semester Only	□ 2nd Semester Onl	ly   Both Semesters		
Charlotte Kostelecky Physical Address (street address	s oulv).			e-kindergarten/Kinder				
1 Trysteat Address (street address	orny).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to nearest selementary 4.1 HS 0  Distance from home to nearest beliementary 0 HS 0  Contract is for one-way only students in Each Grade Level - Only include	ous stop, if any (o	overed by this contr	Kir by To To Kir To To	this contract: or from Bus Stop or from School ndergarten child ride or from Bus Stop	times per day, times	days per week days per week days per week bool-age students: days per week days per week days per week days per week		
Pre-K Total	K Total			-	I to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans			file					
Spec. Ed. Trans				oy for your files.	NDENIS: Send origina	al to OPI by July 10, retain a		
Room & Board					EIMBURSEMENT R			
Correspondence				(For dist	rict, county and OPI	use only)		
Reg. Contingency				Reimb	ursement rate is deterr	 mined by		
Spec. Ed. Contin.					20-10-142, MCA.			
	1	1						
Agreement between parent (pare	ent name)		, ar	nd school district (dist	rict name)	,		
(county name)		Count	tv. hereinafter referre	d to as the District(s).				
The parties agree as follows:  1. The parent shall transport or provide	e transportation for the			` ,		dian assures that a licensed and		
insured driver will transport the stud  In March and June, the District shall						umber of days the student(s) was		
transported for the past semester.  3. The payment shall be computed on This contract shall terminate at the								
Elementary School District	Chair, Board		alovio no iongoi emolica III i	cocoi, willonever occurs IIIs		Date		
West Valley Elem High School District	Chair, Board	of Trustees				Date		
	1	I attest that	the above informatio	n is true and correct.				
Signature - Parent or Guardian					Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	)-2501			chool Year 2004- 2 e to School Clerk J		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
West Valley Ele	m				Flathea	nd	1184
High School or K-12 Di		ole for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	lni □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRA	ACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semest	er Only	er Only   Both Semesters
Cheryl Byle					Pre-kindergart	en/Kindergarten	
Physical Address (s	treet address	only):					er Only   Both Semesters
Distance from home Elementary 3.8  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	y (one way)	9-12 Total	Kindergarten by this contra To or from Bus To or from Bus To or from Bus To or from Sch  Deadlines: PARENTS: D  CLERKS: Ser files.  COUNTY SUP copy for your f	stet: stoptimes per times per times per child rides without other stoptimes per times per time	day, days per week day, days per week days per week school-age students: day, days per week days, days per week day, days per week day, days per week day, days per week
insured driver will to 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide ransport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) the student (s) the student (s) the standard section of the standard	to and from the school only when transportation approved in the application Section 20-10-1	ter referred to as the loor bus stop on the days when for the distance reported of the distance	n school is in session. The parent on the contract actually occurs, teacher or principal of the school on accompanying this contract.	or guardian assures that a licensed and if the number of days the student(s) was
Elementary School I West Valley Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	ees			Date
			l attes	t that the above i	nformation is true and	d correct.	<u>'</u>
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
West Valley Elei	m					Flathead		1184
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ient ivanie	CCIOOI	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Chris Brown Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home Elementary 4.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way) be covered by this 1-8 Total	9-12 Total	Exercise Reserved From the Control of Contro	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch RKS: Send origina of for your files.  REINTS: REINTEN REINTEN REINTEN REINTEN REINTEN REINTEN	times per day,	days per week da
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation for the substitution for the parent the basis of the substitution of the school of the	r the student(s) to tracts are valid o e sum officially a chedule establish	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nul ring this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	Lattest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		ı allesi	unat the above l	iiiioiiiialioN	is true and confect.	Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity
West Valley Ele	m				١,	Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	rsing the Cont	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Otado	TR TAGING	Concor	Ciudo
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be rev	viewed and ap	oproved by the	Stude	nt Name	School	Grade
Public Instruction. (10.				5 5 m 55 5.	Stude	nt Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the	Stude	it Name	GGHOOI	Grade
Elem District Approval		□ no	tials 		Stude	nt Name	School	Grade
HS District Approval County Approval						CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Clayton Morigea	au				Pre-kii	ndergarten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
							(INDERGARTEN:	
Distance from home Elementary 6	e to nearest so HS <b>0</b>	chool (one wa	ay)		by thi	s contract:		ge students also covered  days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or t <b>Kinde</b>	from School rgarten child ride	times per day, _ es without other scho	days per week ol-age students:
•					To or t	from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o  Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract	Dead	llines:		
	Pre-K	К	1-8	9-12		NTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLER files.	KS: Send original	to County Supt by July	1, retain a copy for your
Regular Trans					COLIN	ITY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						or your files.	DENTO: Ocha oligina	Tto Of F by bury To, Tetain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimbi	ursement rate is determ	 nined by
Contingency Spec. Ed. Contin.						T Connect	20-10-142, MCA.	iniod by
A		-4				-11	int ======	
Agreement betweer	n parent (parei	nt name)					rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				-		as the District(s).		
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid of	only when transportation	on for the distance	e reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.	, ,	•		·	information accompany	•	nber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date
West Valley Elem		,						
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
rates for special circum increased rates, individual trustees of the district.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Dawn Haave						-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 4  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1.	days per week days per week ool-age students: days per week
Room & Board							IMBURSEMENT F	
Correspondence						(For dist	rict, county and OP	i use only)
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	rdian assures that a licensed and number of days the student(s) was
West Valley Elem		,						
High School District	<u> </u>	Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	lent Name	School	Grade	
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	01.00		<b>G</b> 0.1361	0.000	
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and the	proved by the	Stud	lent Name	School	Grade	
Public Instruction. (10.	·	J	·		Stuc	lent Name	School	Grade	
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the					
Elem District Approval		□ no	tials		Stuc	lent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Dawndi Camero	n					kindergarten/Kinder		,	
Physical Address (s	treet address	only):						y   Both Semesters	
					KINI	DERGARTEN/PREI	KINDERGARTEN:		
Distance from home Elementary 3.1	e to nearest so HS <b>0</b>	chool (one wa	ay)		by t	his contract:		age students also covered days per week	
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To o <b>Kin</b> o To o	r from School dergarten child ride from Bus Stop	times per day, _ es <u>without</u> other scho times per day, _	days per week ol-age students: days per week	
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea	adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		I to County Supt by Jul	y 1, retain a copy for your	
Regular Trans							IDENTS: Sand origina	al to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.	IDENTS: Send origina	ai to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimh	ursement rate is deterr	mined by	
Contingency Spec. Ed. Contin.						Keimb	20-10-142, MCA.	nined by	
opoc. Lu. comm.									
Agreement betweer	n parent (pare	nt name)			, and	I school district (dist	rict name)	·,	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred	to as the District(s).			
The parent shall tra insured driver will t	ansport or provide ransport the stude	nts. Mileage conf	tracts are valid of	only when transportati	on for the distar	nce reported on the contra	ct actually occurs.	dian assures that a licensed and	
transported for the	past semester.		•		·	,	·	mber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		the information accompany hool, whichever occurs firs		I Data	
Elementary School West Valley Elem		,	rd of Truste					Date	
High School District		Chair, Boa	Chair, Board of Trustees Date						
			I attes	t that the above	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reinfourning the Contract  West Valley Elem  High School or K: 12 Desiric Responsible for Reinfourning the Contract  Is this contract shared between elementary and high school?  Is this contract shared between elementary and high school?  Are you explay for Isolation status? "Yes "No  BIOLATION: School or Contract School or Contract  Isolation School or School Grade  Student Name School		ox 202501 na, MT 59620	-2501				r 2004- 2005 ol Clerk June 1					
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATRON scools 26-1642, ROKA, provides for increased reimbursement increased price statch explanation.  SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price statch explanation.  SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price static, the county inscription normitine. Bit office of Public instruction, 107.116 AKM provides guidelines for such).  Student Name School Grade  This contract:  This contract:  Student Name School Grade  Student Name School Grade  This contract is for one-way only  Student Name School Grade  This contract:  Th	Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity			
Is this contract shared between elementary and high school?  yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation)  SBUATRON scools 26-1642, ROKA, provides for increased reimbursement increased price statch explanation.  SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price statch explanation.  SBUATRON scools 26-1643, ROKA, provides for increased reimbursement increased price static, the county inscription normitine. Bit office of Public instruction, 107.116 AKM provides guidelines for such).  Student Name School Grade  This contract:  This contract:  Student Name School Grade  Student Name School Grade  This contract is for one-way only  Student Name School Grade  This contract:  Th	West Valley Ele	m					Flathead		1184			
Aye you applying for isolation status?   Yes	High School or K-12 D	istrict Responsib	ole for Reimbur	sing the Conf	tract							
Aye you applying for isolation status?   Yes												
Student Name		ed between el	ementary and	d high scho	ol?							
Interest or special crounstances of isolation of residence. In order to receive intravead rate, individual circumstances and to reviewed and approved by the provision of the pr	(If yes, please attac	h explanation)			mhursement	Stud	ent Name	School	Gra	de		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no   no   no   no   no   no   no   n	rates for special circun increased rates, individual trustees of the district,	nstances of isola lual circumstand the county trans	ation of resident ces must be revision community	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Stud	ent Name	School	Gra	de		
Elem District Approval yes no   Student Name   School   Grade	Check here only if incr	eased payment	due to isolatior	n has been ap	pproved by the	Student Name School Grade						
Parent or Guardian Name: (Please Print)   Parent or Guardian Name: (Please Print)	Elem District Approval	□ yes	Init □ no			Student Name School Grade						
Debbie Boyd Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4.2 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Sudents in Each Grade Level - Only include the students to be covered by this contract.  Pre-K Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  Agreement between parent (parent name)  County na												
Physical Address (street address only):    1st Semester Only   2nd	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester On	ly   Both Semesters			
Physical Address (street address only):						Pre-l	kindergarten/Kinder	narten				
Distance from home to nearest school (one way)  Elementary 4.2	Physical Address (s	treet address	only):						ly   Both Semesters			
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)	Elementary 4.2  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS 0 to nearest but HS 0 ne-way only evel - Only include  Pre-K	is stop, if any the students to b	e covered by th	9-12	Kind by th To o To o Kind To o To o  Dea PAR CLE files.	lergarten child riden is contract: r from Bus Stop r from School lergarten child rider r from Bus Stop r from School lergarten child rider r from School ledlines: ENTS: Due to Sch RKS: Send origina	times per day,	days per wee days per wee days per wee col-age students: days per wee days per wee	ek ek ek ek		
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon the school of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees Date  High School District Chair, Board of Trustees Date	Room & Board											
Agreement between parent (parent name)	_						,	•	• ,			
Agreement between parent (parent name)	-						Reimb		mined by			
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.							20-10-142, MCA.				
Elementary School District West Valley Elem High School District Chair, Board of Trustees  Chair, Board of Trustees Date  I attest that the above information is true and correct.	(county name) The parties agree as follov 1. The parent shall tra insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide transport the studer, the District shall past semester. be computed on the	rransportation for nts. Mileage cont pay the parent the ne basis of the sol	the student(s) t rracts are valid of sum officially a	County, hereinate of and from the school only when transportate approved in the applicated in Section 20-10-	fter referred  I or bus stop on ion for the distartation upon certif  142, MCA, and t	to as the District(s). the days when school is in ice reported on the contra ication by the teacher or p	session. The parent or guar ct actually occurs. rincipal of the school of the nu				
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	Elementary School					er ernoned in SC	iooi, whichever occurs firs	ıt.	Date			
			Chair, Boa	rd of Truste	es				Date			
				Lattes	t that the above	information	is true and correct		<u> </u>			
	Signature - Parent or	Guardian		, 41.30				Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	em					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stud	dent Name	School	Grade
(If yes, please attaction isoLATION: Section	20-10-142, MC/	A, provides for						
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	oproved by the	Stud	dent Name	School	Grade
Elem District Approval		itials		Stud	dent Name	School	Grade	
HS District Approval County Approval	□ yes				THI	S CONTRACT IS FO	DR:	
Parent or Guardian					Gra	des 1-12 st Semester Only	□ 2nd Semester Only	□ Both Semesters
Debbie Patton						,	•	both Semesters
Physical Address (s	treet address	only):				<ul><li>kindergarten/Kinder st Semester Only</li></ul>	garten □ 2nd Semester Only	□ Both Semesters
					KIN	DERGARTEN/PREI	(INDERGARTEN:	
Distance from home Elementary 4.3	e to nearest so HS <b>0</b>	chool (one wa	ay)		Kind by to	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered  days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		To d <b>Kin</b>	or from School dergarten child ride	times per day, _ es without other schoo	days per week  ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.		adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send origina		v 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send original	to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(1 OI dist	nict, county and Or 1	use only)
Reg. Contingency						Reimb	ursement rate is determ	ined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	narent (nare	nt name)			200	d echool dietrict (diet	rict name)	
	i parein (pare	nt name)						······································
(county name)  The parties agree as follow		transportation for		<b>3</b> ,		I to as the District(s).		an assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	he basis of the so	chedule establis	hed in Section 20-10-1	42, MCA, and	the information accompany	ring this contract.	. ,,
Elementary School			year or when the ard of Truste		er enrolled in so	chool, whichever occurs firs	it.	Date
West Valley Elem High School District	<u> </u>	Chair, Boa	ard of Truste	ees				Date
_								
Signature - Parent or	Guardian		I attes	t that the above i	information	is true and correct.	Date	
Signature - Parent Or	Guaruidii						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity		
West Valley Ele						Flathead		1184		
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying fo			□ No		Stu	dent Name	School	Grade		
(If yes, please attaction isolation: Section	20-10-142, MCA	A, provides for			Old	aont ramo	Control	Sidds		
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of						
Check here only if incr				oproved by the	Stu	dent Name	School	Grade		
	District Trustees and the County Transportation Committee.  Initials  Elem District Approval						School	Grade		
HS District Approval County Approval	□ yes				THI	S CONTRACT IS FO	OR.			
Parent or Guardian Name: (Please Print)						des 1-12 Ist Semester Only	☐ 2nd Semester Only	y □ Both Semesters		
Debra D. Kenda	Debra D. Kendall						•	y   Both Semesters		
Physical Address (s		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
					KIN	DERGARTEN/PREI	KINDERGARTEN:			
Distance from home		chool (one wa	ay)		by t	his contract:		age students also covered		
Elementary 3.2	•					or from Bus Stop or from School	times per day, _	days per week days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:		
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week days per week		
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	<u>De</u>	adlines:				
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLI files		to County Supt by July	y 1, retain a copy for your		
Regular Trans					CO	LINTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a		
Spec. Ed. Trans						y for your files.	DENTO: Ocha ongma			
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Reimb	ursement rate is detern	nined by		
Contingency Spec. Ed. Contin.						Reims	20-10-142, MCA.	miled by		
Agreement between	n narent (nare	nt name)			an	d school district (dist	rict name)			
	r parent (pare	nt name)				to as the District(s).		,		
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		3,		( )		ian assures that a licensed and		
insured driver will to 2. In March and June	transport the stude t, the District shall p	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was		
	be computed on the					the information accompany				
Elementary School			ard of Truste		a emoned in S	chool, whichever occurs firs	и.	Date		
West Valley Elem High School District	t	Chair, Boa	ard of Truste	ees				Date		
			l attes	t that the above i	information	is true and correct.				
Signature - Parent or	Guardian		i alles	יי יוומי וווכ מטטעפ ו	iiiioiiiialiUl	rio true anu confect.	Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			school Year ue to School	2004- 2005 Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		-	County		Legal Entity	-	
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity	_	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					=	
Are you applying for (If yes, please attaction: Section	h explanation)	)	□ No	mbursement	Stude	nt Name	School	Grade		
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	nce. In order to viewed and a mittee, and th	to receive pproved by the	Stude	nt Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name School Grade					
Elem District Approval		□ no	tials		Stude	Student Name School Grade				
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 Semester Only	□ 2nd Semester On	ly □ Both Semesters		
Debra Hunt					Pre-ki	ndergarten/Kinder	garten			
Physical Address (s	treet address	only):						ly   Both Semesters		
Distance from home Elementary <b>4.5</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>0</b> e to nearest bu HS <b>0</b>				Kinde by thi To or To or Kinde To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, times per day, s without other scho	days per week days per week days per week col-age students: days per week days per week days per week		
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Dead	dlines:				
					PARE	NTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans						ITY SUPERINTEN	IDENTS: Send origin	al to OPI by July 10, retain a		
Spec. Ed. Trans						or your files.	DENTO: Ocha ongin	ar to or r by oury ro, retain a		
Room & Board							EIMBURSEMENT R			
Correspondence						(1 01 010	area, ecumy area or	. 466 6,		
Reg. Contingency						Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
A		-t					wint normal)		_	
Agreement betweer	i parent (parei	it riame)				school district (dist	/	,		
(county name) The parties agree as follow	vs:			County, hereinat	fter referred to	o as the District(s)				
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	tion for the distanc	e reported on the contra	ct actually occurs.	dian assures that a licensed and		
transported for the	past semester.		•		·		·	umber of days the student(s) was		
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs fire				
Elementary School West Valley Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District	:	Chair, Boa	ard of Truste	es				Date	_	
		<u> </u>	l attes	t that the above	information is	true and correct.			=	
Signature - Parent or	Guardian		. 2				Date		=	
							Ĩ			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
rates for special circum increased rates, individual trustees of the district.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
District Trustees and the Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade		
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Debra Weinberg						-kindergarten/Kinder				
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester Or	nly   Both Semesters		
Distance from home Elementary 7  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	the students to be	(one way)  covered by thi	9-12	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School	times per day, times per day, times per day, es without other sch times per day, times per day, times per day,	days per week			
<b>5</b> <del>-</del>	Total	Total	Total	Total	files		to County Supt by Ju	uly 1, retain a copy for your		
Regular Trans  Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origin	nal to OPI by July 10, retain a		
Room & Board					ООР		IMBURSEMENT F	ΣΔΤΕ		
Correspondence							rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by		
(county name) The parties agree as follov 1. The parent shall tra insured driver will t 2. In March and June transported for the 3. The payment shall	<ol> <li>The parties agree as follows:</li> <li>The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.</li> <li>In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.</li> <li>The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.</li> </ol>									
Elementary School West Valley Elem		Chair, Boar						Date		
High School District		Chair, Boar	d of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1			
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
West Valley Ele						Flathead		1184	
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?					
Are you applying fo			□ No		Stu	dent Name	School	Grade	
(If yes, please attaction isolation: Section	20-10-142, MC/	A, provides for			Old	aont ramo	Control	Sidds	
rates for special circur increased rates, individual	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incr				oproved by the	Stu	dent Name	School	Grade	
District Trustees and t	•	In	itials		Stu	dent Name	School	Grade	
Elem District Approval HS District Approval County Approval	□ yes	□ no □ no □ no			THI	S CONTRACT IS FO	OR.		
Parent or Guardian				Gra	des 1-12 Ist Semester Only	☐ 2nd Semester Only	y □ Both Semesters		
Debra West	Debra West						•	y   Both Semesters	
Physical Address (s	street address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KIN	DERGARTEN/PREI	KINDERGARTEN:		
Distance from home		chool (one wa	ay)		by t	his contract:		age students also covered	
Elementary 4.5	•					or from Bus Stop or from School	times per day, _	days per week days per week	
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:	
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week	
Students in Each Grade L	, ,	the students to I	be covered by th	is contract.	<u>De</u>	adlines:			
	Pre-K	К	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a copy for your	
Regular Trans							IDENTS: Send origina	ıl to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.	DENTO. Gend ongma	ii to of 1 by outy 10, retain a	
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Peimb	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						Keimb	20-10-142, MCA.	mined by	
Agreement between	n naront (naro	nt namo)			an	d school district (dist	rict name)		
	ii paient (paie	nt name)						······································	
(county name)  The parties agree as follow  The parent shall to		transportation for		3,		to as the District(s).		ian assures that a licensed and	
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was	
	be computed on the					the information accompany			
Elementary School			ard of Truste		a emoned in S	chool, whichever occurs firs	и.	Date	
West Valley Elem High School District	t	Chair, Boa	ard of Truste	es				Date	
			Latton	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		ı attes	t triat trie above	inionnation	i is true and correct.	Date		
-									

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	<u>'</u>	Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individe trustees of the district,	nstances of isola dual circumstance the county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Public Instruction. (10.)  Check here only if increase.	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
District Trustees and the Elem District Approval	□ yes	Initi □ no	ials		Stud	dent Name	School	Grade		
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Douglas Amund	Ison				Pre-	kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week days per week ool-age students: days per week		
Room & Board							IMBURSEMENT F			
Correspondence						(For dist	rict, county and OP	i use only)		
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by		
(county name) The parties agree as follow 1. The parent shall trainsured driver will t 2. In March and June transported for the transported for the 3. The payment shall 4. This contract shall	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.									
Elementary School West Valley Elem		Chair, Boar						Date		
High School District		Chair, Boar	rd of Truste	es				Date		
			I attes	t that the above i	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap littee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Elaine Bennett		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 4.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1.	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contral the same basis of the schelage that the same that	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truster	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe es	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and er enrolled in so	nce reported on the contractification by the teacher or pit the information accompany chool, whichever occurs firs	session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was  Date  Date
			I attest	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Stude	iit ivaille	OCHOOL	Orace
rates for special circun increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be resportation com	viewed and apmittee, and th	pproved by the	Stude	nt Name	School	Grade
Public Instruction. (10.	·	J	·		Stude	nt Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval	□ yes	Ini □ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	R:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Elizabeth Martir	1					•	•	
Physical Address (s		only):				ndergarten/Kinder Semester Only		/ □ Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary <b>5.2</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		Kinde by thi	rgarten child ride s contract:	s <u>with</u> other school-a	ge students also covered  days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or <b>Kinde</b>	from School ergarten child ride	times per day, _ s without other scho	days per week ol-age students:
□ Contract is for o	ne-way only				To or	from School	times per day,	days per week
Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.		dlines:		
	Pre-K	К	1-8	9-12	PARE	NTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLER files.	KS: Send original	to County Supt by July	, 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						ITY SUPERINTEN or your files.	DENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RF	IMBURSEMENT RA	ATF
Correspondence							rict, county and OPI	
_								
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
		•						
Agreement betweer	n parent (parei	nt name)			, and s	school district (distr	ict name)	,
(county name)		,				o as the District(s).	,	
The parties agree as follow		transportation for		-			session. The parent or quard	ian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	on for the distanc	e reported on the contract	t actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the	information accompany	ing this contract.	
4. This contract shall Elementary School			ear or when the ord of Truste		er enrolled in scho	ool, whichever occurs firs	t.	Date
West Valley Elem High School District		Chair Ros	rd of Truste	.es				Date
Thigh School District		Chair, Bua	ii a oi Truste					Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	rsing the Conf	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for						
rates for special circun increased rates, individual trustees of the district,	dual circumstand	ces must be rev	viewed and ap	oproved by the	Stude	nt Name	School	Grade
Public Instruction. (10.	·	, and the second	·		Stude	nt Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the				
Elem District Approval		□ no	tials ———		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Erin Long					Pre-kii	ndergarten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						ERGARTEN/PREM		ge students also covered
Distance from home Elementary 5	e to nearest so HS <b>0</b>	thool (one wa	ay)		by thi	s contract:		days per week
Distance from home		ıs stop. if anv	(one wav)		To or i	from School	times per day, times per day, swithout other school	days per week days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>		, ,		To or t	from Bus Stop	times per day, _	days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		llines: NTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		KS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans					files.	ITV CUREDINITEN	IDENTS. Cond origina	I to ODI by July 40 matrix a
Spec. Ed. Trans						or your files.	IDEN 15: Send ongina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimbi	ursement rate is determ	
Contingency Spec. Ed. Contin.						T Control	20-10-142, MCA.	iniod by
A successor to be the second		-4			and a		ist name)	
Agreement betweer	i parent (parei	nt name)					rict name)	,
(county name) The parties agree as follow				-		as the District(s).		
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid of	only when transportation	on for the distance	e reported on the contract	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.	, ,	•			information accompany	•	nber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date
West Valley Elem		,						
High School District	·	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501						Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity							
West Valley Ele	m					Flathead		1184							
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity							
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?											
Are you applying for			□ No		Stude	ent Name	School	Grade							
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	0.00		33.133.	0.000							
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and ap	proved by the	Stude	ent Name	School	Grade							
trustees of the district, Public Instruction. (10.				e Office of											
Check here only if incre	eased payment	due to isolation	n has been ap	proved by the	Stude	ent Name	School	Grade							
District Trustees and th		sportation Com			<del></del>	<del></del>									
Elem District Approval HS District Approval		□ no □ no			Stude	ent Name	School	Grade							
County Approval	□ yes	□ no				CONTRACT IS FO	DR:								
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	y   Both Semesters							
Erin Reed						indergarten/Kinder									
Physical Address (s	treet address	only):			□ 1s	t Semester Only	□ 2nd Semester Onl	y   Both Semesters							
					KIND	ERGARTEN/PREM	(INDERGARTEN:	age students also covered							
Distance from home		chool (one wa	ay)		by th	is contract:	<del></del>	_							
Elementary <b>4.1</b>	HS <b>0</b>				To or To or	from Bus Stop from School	times per day, _ times per day,	days per week days per week							
Distance from home Elementary <b>0</b>	to nearest but HS <b>0</b>	ıs stop, if any	(one way)		<b>Kind</b> To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ool-age students: days per week							
□ Contract is for or	ne-way only				I o or	from School	times per day, _	days per week							
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	dlines: ENTS: Due to Scho	ool Clark June 1								
	Pre-K	K	1-8	9-12											
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your							
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a							
Spec. Ed. Trans						for your files.									
Room & Board							IMBURSEMENT RA								
Correspondence						(For dist	rict, county and OPI	use only)							
Reg.								<del></del>							
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by							
Spec. Ed. Contin.															
Agreement between	n parent (parei	nt name)			, and	school district (distr	rict name)	,							
(county name)			(	County, hereinat	fter referred t	o as the District(s).									
	ansport or provide					ne days when school is in		dian assures that a licensed and							
	, the District shall p							mber of days the student(s) was							
The payment shall     This contract shall	be computed on the terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs									
Elementary School West Valley Elem	District	Chair, Boa	ard of Truste	es				Date							
High School District		Chair, Boa	ard of Truste	es				Date							
			Lattes	t that the above	information i	s true and correct.									
Signature - Parent or	Guardian						Date								

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity
West Valley Ele	m				1,	Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?	•			
Are you applying for	r isolation stati	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Stude	III Name	OCHOOL	Orace
rates for special circun increased rates, individ	nstances of isola	ition of residen	ce. In order t	o receive	Stude	nt Name	School	Grade
trustees of the district, Public Instruction. (10.	the county trans	sportation com	mittee, and th					
Check here only if incr	·	, and the second	ŕ	proved by the	Stude	nt Name	School	Grade
District Trustees and th		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	<del></del>
Elem District Approval HS District Approval	•	□ no □ no			Stude	nt Name	School	Grade
County Approval	□ yes	□ no				CONTRACT IS FO s 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Grant E. Rasmu					Pre-ki	ndergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1st	Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
						RGARTEN/PRE		ge students also covered
Distance from home		hool (one wa	ıy)		by thi	s contract:		
Elementary <b>5</b>	HS <b>0</b>				To or : To or :	from Bus Stop from School	times per day, _ times per day,	days per week days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		Kinde To or	rgarten child ride	s <u>without</u> other school	days per week ol-age students: days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.		llines:		
	Pre-K	К	1-8	9-12	PARE	NTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total		KS: Send original	to County Supt by July	, 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
_								
Reg. Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement betweer	n parent (parei	nt name)			, and s	school district (distr	rict name)	,,
(county name)				County, hereinaf	ter referred to	as the District(s).		
The parties agree as follow		ransportation for		-			session. The parent or guardi	ian assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p					e reported on the contract ation by the teacher or p		nber of days the student(s) was
	be computed on th					information accompany ol, whichever occurs firs		
Elementary School			rd of Truste		311101100 111 30110	o., armonever occurs ins	<b>.</b>	Date
West Valley Elem High School District		Chair, Boa	rd of Truste	es				Date
			1 -4-	t that the above '	informatian	true and accord		
Signature - Parent or	Guardian		1 attes	t that the above i	intormation is	true and correct.	Date	
orginature - i arciil Or	- au aidii						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □	Initia □ no □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters	
Greg & Cathy D Physical Address (s	ulin	only):				-kindergarten/Kinderg			
Friysical Address (s	lieel address	orily).			□ 1	st Semester Only	□ 2nd Semester On	nly □ Both Semesters	
Distance from home Elementary 3.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other schi- times per day, tool Clerk June 1.	days per week da	
Correspondence							rict, county and OP		
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by	
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was	
West Valley Elem High School District		Chair, Boar	d of Truste	es				Date	
Signature - Parent or	Guardian		I attes	t that the above i	ıntormation	is true and correct.	Date		
orginature - Parent of	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi □ no □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly □ Both Semesters	
Hilary R. Ambro Physical Address (s	se troot address	only):				kindergarten/Kinderg			
1 Hysical Address (s	areet address	orny).				•		ly Doth Semesters	
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by t To c Kin To c To c	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, es without other sche times per day, times per day, times per day,	days per week days per week days per week ool-age students: days per week days per week days per week days per week	
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a	
Spec. Ed. Trans					cop	y for your files.			
Room & Board							IMBURSEMENT Rict, county and OP		
Correspondence						,	•	<i>,</i> ,	
Reg. Contingency						Reimbi	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	naront (paros	et namo)			200	d school district (district	rict nama)		
	i pareili (parei	it flame)				·	ict name)	···································	
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr eay the parent the	he student(s) to acts are valid o sum officially a	o and from the school only when transportation pproved in the applica	or bus stop or on for the dista ation upon cert	nce reported on the contract	ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was	
	terminate at the er		ar or when the	student(s) is no longe		chool, whichever occurs firs		Date	
West Valley Elem		,							
High School District		Chair, Boar	u ot iruste	es 				Date	
			I attes	that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia  no no no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters	
Holly Willis		I. A.				-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	nly ☐ Both Semesters	
Distance from home Elementary 4.9  Distance from home Elementary 0  Contract is for o Students in Each Grade Lease Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju	days per week da	
Agreement between parent (parent name)									
			I attest	that the above i	information	is true and correct.			
Signature - Parent or	Guardian				·		Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary and	d high schoo	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	) A, provides for i	increased rein	nbursement	0.00		36.1331	5.445		
rates for special circum increased rates, individ trustees of the district,	dual circumstand	ces must be rev	viewed and ap	proved by the	Stud	ent Name	School	Grade		
Public Instruction. (10.					Stud	ent Name	School	Grade		
Check here only if incre District Trustees and the		sportation Com		proved by the			2011001			
Elem District Approval		□ no			Stud	ent Name	School	Grade		
HS District Approval County Approval	□ yes	□ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	☐ 2nd Semester Onl	y   Both Semesters		
Janice A. Ward					Pre-l	kindergarten/Kinder	garten			
Physical Address (s	treet address	only):						y   Both Semesters		
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 6	e to nearest so	chool (one wa	y)		by th	nis contract:		age students also covered days per week		
Distance from home Elementary <b>0</b>	e to nearest bu	us stop, if any	(one way)		To o <b>Kind</b>	r from School lergarten child ride	times per day, _ es <u>without</u> other scho	days per week		
□ Contract is for o	ne-way only				Тоо	r from School	times per day,	days per week		
Students in Each Grade Le	, ,	the students to b	e covered by thi	s contract.	Dea	idlines:				
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a copy for your		
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans						for your files.	DENTO: Ocha origina	The of they duty to, return a		
Room & Board							IMBURSEMENT Rarict, county and OPI			
Correspondence						(1 01 0131	not, county and or i	doc omy)		
Reg. Contingency						Reimb	ursement rate is deterr	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
	<u> </u>									
Agreement betweer	n parent (pare	nt name)			, and	school district (distr	rict name)			
(county name)			(	County hereinaf	fter referred	to as the District(s).				
The parties agree as follow		transportation for		•		( )	session. The parent or quare	lian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage cont	racts are valid o	only when transportati	on for the distar	nce reported on the contract	ct actually occurs.	mber of days the student(s) was		
	be computed on the					he information accompany				
Elementary School			rd of Truste		er enrolled in sc	hool, whichever occurs firs	L.	Date		
West Valley Elem High School District		Chair, Boa	rd of Truste	es				Date		
Signature Person	Guardian		I attest	t that the above	ıntormation	is true and correct.	Data			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Con	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				
Are you applying fo (If yes, please attac	h explanation)	)	□ No		Stud	lent Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residend ces must be revision community	ce. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and to	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Init □ no □ no □ no	ials		Stud	lent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester O	nly   Both Semesters
Jennifer Gouge Physical Address (s	treet address	only):				kindergarten/Kinder st Semester Only		nly   Both Semesters
					KIN	DERGARTEN/PRE	KINDERGARTEN:	
Distance from home to nearest school (one way) Elementary <b>7.2</b> HS <b>0</b> Distance from home to nearest bus stop, if any (one way)					Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other schoo times per day	l-age students also covered , days per week , days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		<b>Kin</b> d To d	dergarten child ride or from Bus Stop	es <u>without</u> other sch	nool-age students: , days per week , days per week
□ Contract is for o	ne-way only				100	or from School	times per day	, days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.	Dea	adlines: RENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		luly 1, retain a copy for your
Regular Trans					files		IDENTS: Condomini	mal to ODI by July 40 matein a
Spec. Ed. Trans						for your files.	IDEN 15: Send origi	nal to OPI by July 10, retain a
Room & Board							EIMBURSEMENT I	
Correspondence						(i oi dist	rict, county and Or	ruse only)
Reg. Contingency						Reimbi	ursement rate is dete	
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and	d school district (distr	rict name)	,
(county name)				County, hereinaf	fter referred	to as the District(s).		
	ansport or provide					the days when school is in		ardian assures that a licensed and
	, the District shall p							number of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the					the information accompany chool, whichever occurs first		
Elementary School West Valley Elem			rd of Truste					Date
High School District	:	Chair, Boa	Chair, Board of Trustees Date					
		<u> </u>	I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
District Trustees and the Elem District Approval	□ yes	Initia □ no	als		Stud	dent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Jennifer Lamkin					Pre-	-kindergarten/Kinder	garten		
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Distance from home Elementary 8  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other sch times per day, to County Supt by Julia (DENTS: Send original EIMBURSEMENT F	days per week da	
Correspondence						(For dist	rict, county and OP	Pl use only)	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by	
insured driver will to a line with the second secon	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state of the parent the state basis of the school years.	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or gua tt actually occurs. incipal of the school of the n	rdian assures that a licensed and number of days the student(s) was	
Elementary School West Valley Elem		Chair, Boar						Date	
High School District		Chair, Boar	d of Truste	es				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
West Valley Ele	em					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attact ISOLATION: Section	20-10-142, MC/	A, provides for			Old	aont ramo	Control	Sidds
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr				oproved by the	Stu	dent Name	School	Grade
District Trustees and t	Ť	Ini	itials		Stu	dent Name	School	Grade
Elem District Approval HS District Approval County Approval	□ yes	□ no □ no □ no			THI	S CONTRACT IS FO	OR.	
Parent or Guardian					Gra	des 1-12 Ist Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Jessica Kruege	r					,	•	y Both Semesters
Physical Address (s	street address	only):				-kindergarten/Kinder Ist Semester Only		y   Both Semesters
					KIN	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home		chool (one wa	ay)		by t	his contract:		age students also covered
Elementary <b>5.5</b>	HS <b>0</b>				To	or from Bus Stop or from School	times per day, _	days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	De	adlines:		
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a copy for your
Regular Trans							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO. Gend ongina	in to Of 1 by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimb	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.						Keimb	20-10-142, MCA.	illiled by
Agreement between	n naront (naro	nt namo)			an	d school district (dist	rict name)	
	i parent (pare	nt name)				to as the District(s).		,
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		3,		( )		lian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was
	be computed on the					the information accompany		
Elementary School			ard of Truste		a emoned in S	chool, whichever occurs firs	и.	Date
West Valley Elem High School District	t	Chair, Boa	ard of Truste	es				Date
			Latton	t that the above	information	is true and correct.		
Signature - Parent or	Guardian		ı attes	t triat trie above	inionnation	i is true and correct.	Date	
-								

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620	-2501		Due to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Conf	tract	County		Legal Entity
West Valley Elem			Flathead		1184
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el	ementary and hi	gh school?			•
Are you applying for isolation statu	us? □ Yes □	□ No	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA		ased reimbursement	Student Name	301001	Clade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	ition of residence. ces must be reviewe	In order to receive ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov	ides guidelines for	such.)	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	portation Committe				
	Initials □ no		Student Name	School	Grade
	□ no □ no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Joyce Bosket			Pre-kindergarten/Kinde	ergarten	
Physical Address (street address	only):			☐ 2nd Semester Only	y   Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 5 HS 0	hool (one way)		by this contract:		age students also covered days per week
Distance from home to nearest but Elementary 0 HS 0	ıs stop, if any (on	ne way)	To or from School Kindergarten child ric	times per day, _ les without other scho	days per week ol-age students:
□ Contract is for one-way only			To or from School	times per day,	days per week
Students in Each Grade Level - Only include	the students to be cov	vered by this contract.	<b>Deadlines:</b>		
Pre-K	К	1-8 9-12	PARENTS: Due to Sc	hool Clerk June 1.	
Total	Total T	otal Total	CLERKS: Send origin files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans				NDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	ENDERTO: Ocha ongina	
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dis	strict, county and OPI	use only)
Reg.			Reim	bursement rate is detern	nined by
Contingency Spec. Ed. Contin.			. IXCIIII	20-10-142, MCA.	inited by
opeo. Ed. Oorkiii.					
Agreement between parent (parer	nt name)		, and school district (dis	strict name)	,
(county name) The parties agree as follows:		County, herei	nafter referred to as the District(s	).	
<ol> <li>The parent shall transport or provide t</li> </ol>			nool or bus stop on the days when school is rtation for the distance reported on the contr		ian assures that a licensed and
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	pay the parent the sum	officially approved in the app	plication upon certification by the teacher or	principal of the school of the nu	mber of days the student(s) was
			10-142, MCA, and the information accompa onger enrolled in school, whichever occurs fi		
Elementary School District West Valley Elem	Chair, Board o	f Trustees			Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the above	ve information is true and correct		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	20-2501	Due to School Clerk June 1						
Elementary District Responsible for B	Reimbursing the Co	ntract		County	<u> </u>	Legal Entity		
West Valley Elem				Flathead		1184		
High School or K-12 District Respons	sible for Reimbursin	g the Contract		County		Legal Entity		
Is this contract shared between ☐ yes ☐ no	elementary and h	igh school?						
Are you applying for isolation sta (If yes, please attach explanation)	n)	□ No		dent Name	School	Grade		
ISOLATION: Section 20-10-142, Morates for special circumstances of isc increased rates, individual circumsta trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr	plation of residence. nces must be review nsportation committ	In order to receive ved and approved by ee, and the Office of	-	dent Name	School	Grade		
Check here only if increased paymer District Trustees and the County Tra	nt due to isolation ha	as been approved by	Stu	dent Name	School	Grade		
Elem District Approval  yes HS District Approval  yes	Initials □ no □ no	S	Stu	dent Name	School	Grade		
County Approval	□ no			IS CONTRACT IS FO ades 1-12	DR:			
Parent or Guardian Name: (Plea	ase Print)			1st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Judi M. LaCroix  Physical Address (street addres	e only):			-kindergarten/Kinder				
1 Trysical Address (street addres	s orny).			•		ly   Both Semesters		
Distance from home to nearest selementary 5.5 HS 0  Distance from home to nearest selementary 0 HS 0  Contract is for one-way only students in Each Grade Level - Only include	ous stop, if any (o	overed by this contract.	Kin by To To Kin To To De PA	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week days per week cool-age students: days per week days per week days per week days per week		
Pre-K Total	K Total	1-8 9-12 Total Total		ERKS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans			files					
Spec. Ed. Trans				OUNTY SUPERINTEN By for your files.	IDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board					EIMBURSEMENT R			
Correspondence				(For dist	rict, county and OP	ruse only)		
Reg. Contingency				Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.					20-10-142, MCA.			
Agreement between parent (par	ent name)	······································	, an	nd school district (dist	rict name)	,		
(county name)		County, h	ereinafter referre	d to as the District(s).				
The parties agree as follows:  1. The parent shall transport or provid		student(s) to and from th	ne school or bus stop o	n the days when school is in	session. The parent or guar	dian assures that a licensed and		
insured driver will transport the stud  In March and June, the District shal						umber of days the student(s) was		
transported for the past semester.  3. The payment shall be computed on This contract shall terminate at the								
Elementary School District	Chair, Board		longer emolicu III s	Sample volume in S	···	Date		
West Valley Elem High School District	Chair, Board	of Trustees				Date		
		I attest that the	above information	n is true and correct.				
Signature - Parent or Guardian					Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	1	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Judy Karboski Physical Address (s	troot addroop	only ():				-kindergarten/Kinder			
Friysical Address (s	lieel address	orily).			□ 1	st Semester Only	☐ 2nd Semester Or	nly   Both Semesters	
Distance from home Elementary <b>5.5</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original or for your files.	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da	
Correspondence Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by	
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state of the parent the state basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or gua tt actually occurs. incipal of the school of the n	rdian assures that a licensed and number of days the student(s) was	
West Valley Elem High School District		Chair, Boar	d of Truste	es				Date	
			l attac	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian		i alles	נ נוופג נוופ מטטעפ ו	iiiiOiiiialiOii	is true and correct.	Date		
g							_ 3.0		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?						
Are you applying for			□ No		Stude	ent Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement	01440		33.133.	0.000		
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	proved by the	Stude	ent Name	School	Grade		
trustees of the district, Public Instruction. (10.				e Office of						
Check here only if incre	eased payment	due to isolation	n has been ap	proved by the	Stude	ent Name	School	Grade		
District Trustees and th		sportation Com			-					
Elem District Approval HS District Approval		□ no □ no			Stude	ent Name	School	Grade		
County Approval	□ yes	□ no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y   Both Semesters		
Julie Brown						indergarten/Kinder				
Physical Address (s	treet address	oniy):			□ 1s	t Semester Only	□ 2nd Semester Onl	y   Both Semesters		
					KIND	ERGARTEN/PREM	(INDERGARTEN:	age students also covered		
Distance from home	to nearest so	chool (one wa	ay)		by th	is contract:	<del></del>	_		
Elementary 3.9	HS <b>0</b>				To or To or	from Bus Stop from School	times per day, _ times per day,	days per week days per week		
Distance from home Elementary <b>0</b>	to nearest but HS <b>0</b>	ıs stop, if any	(one way)		<b>Kind</b> e To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ool-age students: days per week		
☐ Contract is for or	ne-way only				I o or	from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	s contract.	<u>Dea</u>	dlines: ENTS: Due to Scho	ool Clark June 1			
	Pre-K	K	1-8	9-12						
	Total	Total	Total	Total	CLEF files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your		
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans						for your files.	DEITTO: Cond ongine			
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.								<del></del>		
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	n parent (parei	nt name)			, and	school district (distr	ict name)			
(county name)				County, hereinat	ter referred t	o as the District(s).				
	ansport or provide					ne days when school is in se reported on the contract		dian assures that a licensed and		
	, the District shall p							mber of days the student(s) was		
<ol> <li>The payment shall</li> </ol>	be computed on the					e information accompany ool, whichever occurs firs				
Elementary School West Valley Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above	information is	s true and correct.				
Signature - Parent or	Guardian		2				Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	rsing the Cont	ract		County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?				•
Are you applying for	r isolation stat	us? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attac			increased reir	nbursement	Stuc	ient ivanie	School	Orace
rates for special circun increased rates, individ	nstances of isola dual circumstand	ation of residen	ce. In order t	o receive oproved by the	Stuc	lent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of	<u> </u>	Land Nilana	Oahaal	Orada
Check here only if incr District Trustees and the				proved by the	Stud	lent Name	School	Grade
Elem District Approval	•	□ no	tials		Stud	lent Name	School	Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Julie Johnson					Pre-	kindergarten/Kinder	parten	
Physical Address (s	treet address	only):						/ □ Both Semesters
						DERGARTEN/PREI		
Distance from home Elementary 3.2	e to nearest so HS <b>0</b>	chool (one wa	ay)		by t	his contract:		ge students also covered
Distance from home		us stop, if any	(one way)		To o	or from School	times per day, _ times per day, _ s without other school	days per week days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>		, ,		To o	or from Bus Stop	times per day, _	days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		adlines: RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		/ 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						INTY SUPERINTEN  for your files.	IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n narent (narei	nt name)			and	d school district (dist	rict name)	
	i parent (paren	nit riame)					ict name)	,,·,·,·,·,·,·,·,·,·,·,·,·,·,·,·,·,·
(county name) The parties agree as follow				-		to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid o	only when transportation	on for the dista	nce reported on the contract	ct actually occurs.	ian assures that a licensed and nber of days the student(s) was
transported for the	past semester.		•		•	the information accompany	•	indoi oi days the student(5) was
	terminate at the er	nd of the school y		student(s) is no longe		thool, whichever occurs firs		Date
West Valley Elem		,						
High School District		Chair, Boa	rd of Truste	<del>es</del>				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	Elem District Approval						School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	nly   Both Semesters		
Karla J. Cartwrig	only):				-kindergarten/Kinder				
Priysical Address (s	treet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters	
Distance from home Elementary 3.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, es without other schi- times per day, tool Clerk June 1.	days per week days per week days per week ool-age students: days per week	
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OP	'I use only)	
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by	
Agreement between parent (parent name)									
West Valley Elem High School District		Chair, Boar						Date	
	·	Onan, Boar						- Julio	
	I attest that the above information is true and correct.								
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
rates for special circum increased rates, individual trustees of the district.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	District Trustees and the County Transportation Committee.  Initials  Elem District Approval						School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Karrie L. Levane	only):				-kindergarten/Kinder				
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Distance from home to nearest school (one way) Elementary 5.1 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.					Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other sch times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
	Total	Total	Total	Total	<b>CLE</b> files		to County Supt by Ju	uly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	nal to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.			
Room & Board							IMBURSEMENT R		
Correspondence						(1 01 0101	not, ocumy and or	r doc omy)	
Reg. Contingency						Reimb	ursement rate is deter	rmined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)				d school district (dist	,	,	
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr eay the parent the	he student(s) to acts are valid o sum officially a	o and from the school only when transportation pproved in the applica	or bus stop or on for the dista ation upon cert	ince reported on the contractification by the teacher or pro-	session. The parent or gual ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and number of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school ye	ar or when the	student(s) is no longe		the information accompany chool, whichever occurs first		Data	
Elementary School West Valley Elem		Chair, Boar						Date	
High School District		Chair, Boar	d of Truste	es				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revision comments.	e. In order to lewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	Initials  Elem District Approval □ yes □ no  HS District Approval □ yes □ no						School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	e Print)				st Semester Only	□ 2nd Semester On	nly ☐ Both Semesters		
Katherine E. Ha Physical Address (s	oulv).				-kindergarten/Kinderg				
1 Hysical Address (s	areet address	Offig).				Ţ		lly   Both Semesters	
Distance from home to nearest school (one way) Elementary <b>4.4</b> HS <b>0</b> Distance from home to nearest bus stop, if any (one way) Elementary <b>0</b> HS <b>0</b> Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.					Kin by t To c Kin To c To c	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day,	days per week days per week days per week ool-age students: days per week days per week days per week days per week	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original	to County Supt by Ju	ıly 1, retain a copy for your	
Regular Trans					files				
Spec. Ed. Trans						<b>UNTY SUPERINTEN</b> y for your files.	IDENTS: Send origin	al to OPI by July 10, retain a	
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OP	use only)	
Reg. Contingency						Reimbi	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and	d school district (distr	rict name)	,	
(county name) The parties agree as follow				•		I to as the District(s).			
insured driver will t	ransport the studer	nts. Mileage contr	acts are valid o	only when transportation	on for the dista	nce reported on the contract	ct actually occurs.	rdian assures that a licensed and	
transported for the	past semester.	•	•		•	fication by the teacher or pi the information accompany	•	umber of days the student(s) was	
	terminate at the er		ar or when the	student(s) is no longe		chool, whichever occurs firs		Date	
West Valley Elem		·							
High School District		Chair, Boar	a of Truste	es 				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	ounty		Legal Entity		
West Valley Ele	m					lathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		ounty		Legal Entity		
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?	•					
Are you applying for	r isolation stati	us? □ Yes	□ No		Studen	t Name	School	Grade		
(If yes, please attac			increased reir	mbursement	Studen	it Name	School	Orace		
rates for special circun increased rates, individ	nstances of isola	ation of residen	ice. In order t	to receive	Studen	t Name	School	Grade		
trustees of the district, Public Instruction. (10.			e Office of							
Check here only if incr District Trustees and the			oproved by the	Studen	t Name	School	Grade			
Elem District Approval		tials		Studen	t Name	School	Grade			
HS District Approval	no			THIS C	ONTRACT IS FO	nR·				
County Approval  Parent or Guardian	□ no e Print)			Grades	3 1-12		Deth Organisations			
Katrina Libby						Semester Only	•	y □ Both Semesters		
Physical Address (s	treet address	only):				dergarten/Kinder Semester Only		/ □ Both Semesters		
					KINDE	RGARTEN/PRE	(INDERGARTEN:			
Distance from home	to nearest so	hool (one wa	av)		Kinder	garten child ride		ge students also covered		
Elementary <b>4.4</b>	HS <b>0</b>	moor (one we	-97		To or fi	contract: rom Bus Stop	times per day, _	days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or fi <b>Kinder</b>	om School garten child ride	times per day, _ s without other scho	days per week  ol-age students: days per week days per week days per week		
□ Contract is for o	ne-way only				To or fi	rom School	times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		lines:	101.1.1			
	Pre-K	K	1-8	9-12		NTS: Due to Scho				
	Total	Total	Total	Total	CLERI files.	<b>(S:</b> Send original	to County Supt by July	/ 1, retain a copy for your		
Regular Trans					COUN.	TY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans						or your files.	DENTO: Cond ongina	Tto Of Fby daily To, Totalif a		
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						D. in-lin		the sell beau		
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is determ 20-10-142, MCA.	lined by		
opec. Eu. Contin.										
Agreement betweer	n parent (parei	nt name)			, and so	chool district (distr	rict name)			
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to	as the District(s).				
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t					days when school is in reported on the contract		an assures that a licensed and		
<ol> <li>In March and June transported for the</li> </ol>	, the District shall p past semester.	pay the parent the	sum officially a	approved in the applica	tion upon certificat	tion by the teacher or pr	incipal of the school of the nur	nber of days the student(s) was		
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		information accompany ol, whichever occurs firs		Dete		
Elementary School West Valley Elem		,	ard of Truste					Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above i	information is	true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for	r isolation stat	us? □ Yes	□ No		Stude	ent Name	School	Grade		
(If yes, please attac			increased reir	mbursement	Stude	ent Name	OCHOOL	Orace		
rates for special circum increased rates, individ	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						School	Grade		
Public Instruction. (10.7.116 ARM provides guidelines for such.)							Oalead	Orada		
Check here only if incr District Trustees and the			proved by the	Stude	ent Name	School	Grade			
Elem District Approval	Ini □ no	tials		Stude	ent Name	School	Grade			
HS District Approval County Approval	□ no □ no			THIS	CONTRACT IS FO	PR:				
Parent or Guardian	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Kim A. Bly						indergarten/Kinder	rarten			
Physical Address (s	treet address	only):						/ □ Both Semesters		
						ERGARTEN/PRE				
Distance from home		hool (one wa	ay)		by th	is contract:		ge students also covered		
Elementary 5	HS 0	us stan if any	, (ana way)		To or	from School	times per day, _ times per day, _	days per week days per week ol-age students:		
Distance from home Elementary <b>0</b>	HS <b>0</b>	is stop, ii ariy	(one way)		Kinde To or	ergarten child ride from Bus Stop	s <u>without</u> other school times per day, _	ol-age students: days per week days per week		
□ Contract is for o	ne-way only				10 or	Trom School	times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total				. 4		
Regular Trans	Total	Total	Total	Total	files.	KNS: Seria original	to County Supt by July	/ 1, retain a copy for your		
Spec. Ed. Trans						NTY SUPERINTEN for your files.	<b>DENTS:</b> Send origina	I to OPI by July 10, retain a		
·					сору		IMADUDOEMENT DA	ATE.		
Room & Board							IMBURSEMENT RA			
Correspondence										
Reg. Contingency						Reimb	ursement rate is determ	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	ict name)			
(county name)				County hereinaf	ter referred t	o as the District(s).				
The parties agree as follow		transportation for		-			session. The parent or guardi	ian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage con	tracts are valid o	only when transportation	on for the distand	ce reported on the contract	t actually occurs.	nber of days the student(s) was		
	be computed on the					e information accompany				
Elementary School			ear or when the ird of Truste		eriiolied in sch	ool, whichever occurs firs	L.	Date		
West Valley Elem High School District	:	Chair, Boa	rd of Truste	es				Date		
			Lattes	t that the above	information :	s true and sorrest				
Signature - Parent or	Guardian		ı attes	t triat trie above i	iniornation i	s true and correct.	Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval	Initials  Elem District Approval □ yes □ no □ □ HS District Approval □ yes □ no □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters		
Kim Barstow					-kindergarten/Kinder				
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	ws: nansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en District	ransportation for the state. Mileage contral the same basis of the schelage to the schelage that the same basis of the schelage that the same th	ne student(s) to acts are valid o sum officially a edule establish ar or when the d of Truster	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or gua tt actually occurs. incipal of the school of the n	rdian assures that a licensed and number of days the student(s) was  Date  Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	-	Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval	Elem District Approval						School	Grade		
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:			
Parent or Guardian	e Print)				st Semester Only	□ 2nd Semester On	nly □ Both Semesters			
Kristi M. Towns	I. A.				-kindergarten/Kinder					
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters		
Distance from home Elementary 4.8  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, tool Clerk June 1. to County Supt by Ju tipeNTS: Send origin timesURSEMENT Reserved.	days per week da		
Spec. Ed. Contin.							20-10-142, MCA.			
(county name) The parties agree as follov 1. The parent shall tra insured driver will t 2. In March and June transported for the 3. The payment shall	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.									
Elementary School West Valley Elem		Chair, Board						Date		
High School District		Chair, Board	d of Trustee	es				Date		
			I attest	that the above i	nformation	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?						
Are you applying for			□ No		Stud	ent Name	School	Grade		
(If yes, please attac	20-10-142, MCA	A, provides for i	increased rein	mbursement						
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						ent Name	School	Grade		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						ent Name	School	Grade		
Elem District Approval  yes  no						ent Name	School	Grade		
HS District Approval  yes  no  County Approval  ses no						S CONTRACT IS FO	nR·			
Parent or Guardian				Grad	les 1-12					
Kristi M. Towns		,				st Semester Only	•	y □ Both Semesters		
Physical Address (s		only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters		
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home Elementary 8	e to nearest so	hool (one wa	y)		Kind by ti	lergarten child ride nis contract:	es <u>with</u> other school-a	ge students also covered days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To o <b>Kinc</b>	r from School lergarten child ride	times per day, _ es without other scho	days per week  ol-age students: days per week days per week		
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		adlines: ENTS: Due to Sch	aal Clark kuna 4			
	Pre-K	K	1-8	9-12						
	Total	Total	Total	Total	CLE files.		to County Supt by July	/ 1, retain a copy for your		
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans						for your files.				
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Daimh	ursement rate is determ	ained by		
Contingency Spec. Ed. Contin.						Reimbi	20-10-142, MCA.	illied by		
opeo. Lu. contin.										
Agreement betweer	n parent (parei	nt name)			, and	school district (district	rict name)	, , , , , , , , , , , , , , , , , , , ,		
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred	to as the District(s).				
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t					the days when school is in		an assures that a licensed and		
transported for the	past semester.	•	•		·	,	•	nber of days the student(s) was		
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe		he information accompany hool, whichever occurs firs		Dete		
Elementary School West Valley Elem		,	rd of Truste					Date		
High School District		Chair, Boa	rd of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1								
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity			
West Valley Ele	m					Flathead		1184			
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity			
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	nd high scho	ol?							
Are you applying for (If yes, please attaction: Section	h explanation)	)	□ No	mhursement	Stude	nt Name	School	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Stude	nt Name	School	Grade			
Check here only if incre	Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						Student Name School Grade				
	Elem District Approval  yes  no						School	Grade	:		
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:				
Parent or Guardian	e Print)				s 1-12 Semester Only	□ 2nd Semester On	lly □ Both Semesters				
Kurt Carda				Pre-ki	ndergarten/Kinder	garten					
Physical Address (s	treet address	only):						ly   Both Semesters			
Distance from home Elementary 12.6  Distance from home Elementary 0  Contract is for or	HS 0 to nearest bu HS 0 ne-way only	us stop, if any	y (one way)		Kinde by thi To or To or Kinde To or To or	ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School	times per day, times per day, times per day, s without other scho times per day,	days per week days per week ool-age students: days per week days per week days per week days per week			
Students in Each Grade Le	evel - Only include	the students to b	oe covered by th	is contract.	PARE	dlines: NTS: Due to Sch	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send origina	I to County Supt by Ju	lly 1, retain a copy for your			
Regular Trans						ITV SUDEDINTEN	IDENTS: Send origin	al to OPI by July 10, retain	2		
Spec. Ed. Trans						or your files.	DENTS. Send ongin	ar to Or 1 by oury 10, retain	а		
Room & Board							EIMBURSEMENT R				
Correspondence						(1 Of dist	inot, county and or	r doc only)			
Reg. Contingency						Reimb	ursement rate is deter	mined by			
Spec. Ed. Contin.							20-10-142, MCA.				
Agreement betweer	n parent (parei	nt name)			, and s	school district (dist	rict name)	<del></del>	,		
	ansport or provide		the student(s) t	o and from the schoo	ol or bus stop on the	o as the District(s).  e days when school is in a reported on the contra	session. The parent or guar	rdian assures that a licensed and			
In March and June transported for the	, the District shall p past semester.	pay the parent the	e sum officially a	approved in the applic	ation upon certifica		rincipal of the school of the n	umber of days the student(s) was			
<ol><li>This contract shall</li></ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no long		e information accompany ool, whichever occurs fire		I Data			
Elementary School West Valley Elem		Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			I attes	t that the above	information is	true and correct.					
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1					
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity			
West Valley Ele						Flathead		1184			
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract		County		Legal Entity			
Is this contract shar  ☐ yes ☐ no	red between el	ementary ar	nd high scho	ol?							
Are you applying fo			□ No		Stu	dent Name	School	Grade			
(If yes, please attact ISOLATION: Section	20-10-142, MCA	A, provides for									
rates for special circur increased rates, individual	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade			
trustees of the district, Public Instruction. (10.				e Office of	-						
Check here only if incr				proved by the	Stu	dent Name	School	Grade			
	strict Trustees and the County Transportation Committee.  Initials  em District Approval					dent Name	School	Grade			
HS District Approval County Approval	□ yes	□ no				S CONTRACT IS FO	OR:				
	Parent or Guardian Name: (Please Print)						THIS CONTRACT IS FOR:  Grades 1-12  □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Laura L. Fitzsim	Laura L. Fitzsimmons						•	y   Both Semesters			
Physical Address (s		only):				-kindergarten/Kinder st Semester Only		y   Both Semesters			
					KIN	DERGARTEN/PRE	KINDERGARTEN:				
	Distance from home to nearest school (one way)					his contract:		age students also covered			
Elementary 10.2 HS 0					To o	or from Bus Stop or from School	times per day, _	days per week days per week			
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	ol-age students:			
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week days per week			
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	<u>De</u>	adlines:					
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.				
	Total	Total	Total	Total	CLI files		to County Supt by July	y 1, retain a copy for your			
Regular Trans					CO	INTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a			
Spec. Ed. Trans						y for your files.	DENTO: Ocha ongma				
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						Peimbi	ursement rate is detern	nined by			
Contingency Spec. Ed. Contin.						Reimbi	20-10-142, MCA.	miled by			
Agreement between	n narent (nare	nt name)			an	d school district (dist	rict name)				
	ii paiciit (paici	nt name)				I to as the District(s).		,			
(county name)  The parties agree as follow  The parent shall to		transportation for		•		( )		ian assures that a licensed and			
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ince reported on the contract	ct actually occurs.	mber of days the student(s) was			
	be computed on the					the information accompany					
Elementary School			ard of Truste		a emoned in S	chool, whichever occurs firs	и.	Date			
West Valley Elem High School District	t	Chair, Boa	ard of Truste	es				Date			
			Latton	t that the above i	information	is true and correct.					
Signature - Parent or	Guardian		ı attes	t triat trie above i	inionnation	is true and correct.	Date				
-											

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval	Initials  Elem District Approval  yes  no  no  no  no  no  no  no  no  no  n						School	Grade		
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:			
Parent or Guardian	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters			
Leila Cabral Physical Address (s	only):				-kindergarten/Kinder					
Friysical Address (s	lieel address	orily).			□ 1	st Semester Only	☐ 2nd Semester Or	nly   Both Semesters		
Distance from home Elementary 4.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other schimes per day, times per day, times per day, times per day, tool Clerk June 1.	days per week da		
Correspondence							rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by		
(county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to In March and June transported for the The payment shall This contract shall Elementary School	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
West Valley Elem High School District		Chair, Boar	d of Truste	es				Date		
			l attac	t that the above i	information	is true and correct.				
Signature - Parent or	Guardian		า สแชร	t triat trie above i	iiiioiiiiali0li	i is true and correct.	Date			

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity		
West Valley Ele	m					Flathead		1184		
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		County		Legal Entity		
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?						
Are you applying for			□ No		Stude	nt Name	School	Grade		
(If yes, please attac			increased reir	mbursement	Otado	nt Hame	Consor	Ciudo		
rates for special circum increased rates, individ	dual circumstand	ces must be rev	viewed and ap	oproved by the	Stude	nt Name	School	Grade		
trustees of the district, Public Instruction. (10.			e Office of							
Check here only if incre District Trustees and the			proved by the	Stude	nt Name	School	Grade			
Elem District Approval		tials		Stude	nt Name	School	Grade			
HS District Approval	no			THIS	CONTRACT IS FO	ıR·				
County Approval  Parent or Guardian	□ no e Print)			Grade	s 1-12		Deth Organisations			
Leilani Lutz						Semester Only	•	y □ Both Semesters		
Physical Address (s	treet address	only):				ndergarten/Kinderg Semester Only		/ □ Both Semesters		
					KINDI	ERGARTEN/PRE	(INDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ıv)		Kinde	rgarten child ride		ge students also covered		
Elementary <b>4.3</b>	HS <b>0</b>	moor (one we	.37		To or	s contract: from Bus Stop	times per day, _	days per week		
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		To or <b>Kinde</b>	from School ergarten child ride	times per day, _ s without other scho	days per week  ol-age students: days per week days per week days per week		
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines:	and Olamba homa 4			
	Pre-K	_ K	1-8	9-12		NTS: Due to Scho				
	Total	Total	Total	Total	CLER files.	KS: Send original	to County Supt by July	/ 1, retain a copy for your		
Regular Trans					COUN	ITY SUPERINTEN	DENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans						or your files.	<b>DENTIS</b> Cond ongina			
Room & Board							IMBURSEMENT RA			
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.						Daire	recoment rots is data	singd by		
Contingency Spec. Ed. Contin.						Reimbi	ursement rate is determ 20-10-142, MCA.	lined by		
Spec. Lu. Contin.										
Agreement betweer	n parent (parei	nt name)			, and s	school district (distr	ict name)	,		
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to	as the District(s).				
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					e days when school is in e reported on the contrac		an assures that a licensed and		
transported for the	past semester.	, ,	,		·		·	nber of days the student(s) was		
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		Date		
Elementary School West Valley Elem		,	rd of Truste					Date		
High School District		Chair, Boa	rd of Truste	es				Date		
		<u> </u>	I attes	t that the above i	information is	true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D		ble for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shar □ yes □ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo	r isolation stat	us? 🗆 Yes	□ No		Ctur	dent Name	School	Grade
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MC/	A, provides for i	ncreased reince. In order t	mbursement o receive				
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation comr	nittee, and th		Stud	dent Name	School	Grade
Check here only if incr District Trustees and t				proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval		□ no	ials		Stud	dent Name	School	Grade
County Approval		□ no				S CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Linda Tutvedt					Pre-	-kindergarten/Kinder	garten	
Physical Address (s	street address	only):					☐ 2nd Semester Only	/ □ Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary 4	e to nearest so HS <b>0</b>	chool (one wa	y)		bv t	his contract:	<del></del>	ge students also covered days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		<b>Kin</b> To d	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.		adlines:	101 1 1	
	Pre-K	K	1-8	9-12	PAH	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	/ 1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send original	I to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.	-	
Room & Board							EIMBURSEMENT RA	
Correspondence						,	•	.,
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
	-							
Agreement between	n parent (pare	nt name)	1	····	, and	d school district (dist	rict name)	······································
(county name)				County hereinaf	ter referred	I to as the District(s)		
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cont	racts are valid o	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	
transported for the	past semester.		•				·	nber of days the student(s) was
		nd of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first		
Elementary School West Valley Elem	District	Chair, Boa	rd of Truste	es				Date
High School District	t	Chair, Boa	rd of Truste	es				Date
		1	l attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian		ו מונכט	נ מומנ נווכ מטטעפ	ioiiiiali011	is true and correct.	Date	
orginature - Farent Or	Juui ulali						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			ue to School				
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	ounty		Legal Entity	
West Valley Ele	m				l F	athead		1184	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		ounty		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation)	)	□ No	mhursement	Studen	t Name	School	Grade	e e
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and applittee, and the	o receive oproved by the	Studen	t Name	School	Grade	- e
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Studen	t Name	School	Grade	9
Elem District Approval		□ no	tials		Studen	t Name	School	Grade	- e
HS District Approval County Approval		□ no □ no				ONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st :	s 1-12 Semester Only	□ 2nd Semester On	ly   Both Semesters	
Lisa & Kent Mcl	_ellan				Pre-kin	dergarten/Kinder	rgarten		
Physical Address (s	treet address	only):						ly   Both Semesters	
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for o	HS <b>0</b> e to nearest bu HS <b>0</b>				Kinder by this To or fi To or fi Kinder To or fi	garten child ride contract: rom Bus Stop rom School garten child ride rom Bus Stop	times per day, times per day, es <u>without</u> other scho	days per week days per week days per week col-age students: days per week days per week days per week	( (
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Dead	lines:			
							ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total		<b>(S:</b> Send original	l to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans					files.	TV SUDEDINTE	NDENTS: Sand origin	al to OPI by July 10, retain	
Spec. Ed. Trans						or your files.	ADENTS. Send ongin	ar to OF1 by July 10, retain	а
Room & Board							EIMBURSEMENT R trict, county and OP		
Correspondence						(1 01 013	and, dodnity and on	ruse omy)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
A		-4							
Agreement betweer	i parent (parei	nt name)			, and so	chool district (dist	inct name)		_'
(county name) The parties agree as follow	ws:			County, hereinat	fter referred to	as the District(s)			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					days when school is in reported on the contra		dian assures that a licensed and	
<ol> <li>In March and June transported for the</li> </ol>	, the District shall p past semester.	pay the parent the	sum officially a	approved in the application	ation upon certificat	tion by the teacher or p	orincipal of the school of the nu	umber of days the student(s) was	
<ol><li>The payment shall</li></ol>	be computed on the					information accompan			
Elementary School West Valley Elem			ard of Truste					Date	
High School District	:	Chair, Boa	ard of Truste	es				Date	
		I	Lattes	t that the above	information is	true and correct.		l	
Signature - Parent or	Guardian		. 41.00				Date		
							1		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 5962	0-2501	D	Oue to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Cont	tract	County		Legal Entity
West Valley Elem			Flathead		1184
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e	elementary and hig	gh school?	·		
Are you applying for isolation sta	tus? □ Yes	□ No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		ased reimbursement		School	Orace
rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran	lation of residence. Inces must be reviewed asportation committed.	In order to receive ed and approved by the e, and the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	, ,	,	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	sportation Committe				
Elem District Approval ☐ yes	Initials □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Marcy Roberts			Pre-kindergarten/Kinder	narten	
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest s Elementary 5 HS 0	chool (one way)		by this contract: To or from Bus Stop	times per day,	ge students also covered  days per week
Distance from home to nearest be Elementary 0 HS 0	us stop, if any (on	ne way)	To or from School Kindergarten child ride	times per day, _ es without other schoo	days per week  ol-age students: days per week days per week days per week
□ Contract is for one-way only			To or from School	times per day, _	days per week
Students in Each Grade Level - Only include	e the students to be cov	ered by this contract.	<b>Deadlines: PARENTS:</b> Due to Sch	aal Clark luna 1	
Pre-K		1-8 9-12			
Total	Total T	otal Total	CLERKS: Send origina files.	to County Supt by July	/ 1, retain a copy for your
Regular Trans			COUNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DEITTO: Cond ongina	
Room & Board				IMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			D : -		<del>.</del>
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································
(county name) The parties agree as follows:		County, herein	after referred to as the District(s).		
<ol> <li>The parent shall transport or provide</li> </ol>			ool or bus stop on the days when school is in ation for the distance reported on the contra		ian assures that a licensed and
			ication upon certification by the teacher or p		nber of days the student(s) was
The payment shall be computed on this contract shall terminate at the example.	end of the school year or	r when the student(s) is no lon	0-142, MCA, and the information accompany ger enrolled in school, whichever occurs firs		
Elementary School District West Valley Elem	Chair, Board o	f Trustees			Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	tion of residences must be reversely to the comments of the co	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incredibition of the characteristics and the characteristics and the characteristics are considered by the characteristics and the characteristics are characteristics.	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Initi	ials		Stud	dent Name	School	Grade
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters
Marilee Hoppne Physical Address (s		only):				-kindergarten/Kinder		
Friysical Address (s	lieet address	Offig).			□ 1	st Semester Only	□ 2nd Semester On	nly □ Both Semesters
Distance from home Elementary <b>8.6</b> Distance from home Elementary <b>0</b> Contract is for or Students in Each Grade Leaders	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract.	Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
	Pre-K	K	1-8	9-12				
B	Total	Total	Total	Total	files	-	to County Supt by Ju	ıly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origin	al to OPI by July 10, retain a
Room & Board					COP		IMBURSEMENT R	DATE
Correspondence							rict, county and OP	
Reg.								
Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.							,	
Agreement betweer	n parent (parer	nt name)		County hereinaf		d school district (district s).	rict name)	,
The parties agree as follow  1. The parent shall trainsured driver will t  2. In March and June transported for the  3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage contr ay the parent the se basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	or bus stop on on for the dista ation upon certi	the days when school is in nee reported on the contractification by the teacher or potential the the information accompany	ct actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School		Chair, Boar			er enrolled in so	chool, whichever occurs firs	L.	Date
West Valley Elem High School District		Chair, Boar	rd of Truste	es				Date
		<u> </u>	I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?				
Are you applying fo	r isolation stat	us? □ Yes	□ No		Ctur	dent Name	School	Grade
(If yes, please attact ISOLATION: Section rates for special circum	20-10-142, MCA	A, provides for i	ncreased reir	mbursement o receive				
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation comm	nittee, and th		Stud	dent Name	School	Grade
Check here only if incr District Trustees and to		sportation Comr	mittee.	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval		□ no	ials 		Stud	dent Name	School	Grade
County Approval		□ no □ no				S CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Mary M. Conno					Pre.	-kindergarten/Kinder	narten	
Physical Address (s	street address	only):					☐ 2nd Semester Only	/ □ Both Semesters
						DERGARTEN/PRE		
Distance from home Elementary <b>3.1</b>	e to nearest so HS <b>0</b>	chool (one wa	y)		bv t	his contract:	<del></del>	ge students also covered days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	(one way)		<b>Kin</b> To d	dergarten child ride or from Bus Stop	es <u>without</u> other schoo times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to be	e covered by th	is contract.		adlines: RENTS: Due to Sch	aal Clark luna 4	
	Pre-K	K	1-8	9-12	PAI	RENIS: Due to Sch	ooi Cierk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by July	/ 1, retain a copy for your
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.	-	
Room & Board							EIMBURSEMENT RA rict, county and OPI	
Correspondence						( 3 3.3	, <b>, .</b>	,
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	<del>'</del>
(county name)				County hereinaf	iter referred	I to as the District(s).		
The parties agree as follow		transportation for		•		` ,		ian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage cont	racts are valid o	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	
transported for the	past semester.	•	•				·	nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first		_
Elementary School West Valley Elem	District	Chair, Boa	rd of Truste	es				Date
High School District	t	Chair, Boa	rd of Truste	es				Date
		1	l attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian		ratios	. That the above	ormation	and die correct.	Date	
							1	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	em					Flathead		1184
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?				
Are you applying for			□ No		Stud	dent Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MC/	A, provides for						
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	pproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	oproved by the	Stud	dent Name	School	Grade
	-	. In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes				TUI	S CONTRACT IS FO	np.	
County Approval  Parent or Guardian	•	e Print)			Gra	des 1-12		- D # 0
		,			□ 1	st Semester Only	□ 2nd Semester Only	□ Both Semesters
Michelle Montin Physical Address (s		only):				-kindergarten/Kinder	garten □ 2nd Semester Only	□ Both Semesters
,		• /				·	•	_ Both Comedicio
Distance from home Elementary 3.7  Distance from home	HS <b>0</b>	·	• /		Kind by to	his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	ge students also covered  days per week days per week days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>	отор, п с	, (eea,)		To d	or from Bus Stop or from School	times per day, times per day,	days per week days per week
□ Contract is for o	, ,							
Students in Each Grade L						<b>adlines:</b> RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLE</b> files	-	I to County Supt by July	1, retain a copy for your
Regular Trans							IDENTS: Sand original	I to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTS. Send onginal	Tto OFT by July 10, Tetalit a
Room & Board							EIMBURSEMENT RA	
Correspondence						( 3. 3.3.	,,	,,
Reg. Contingency						Reimb	ursement rate is determ	ined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agraament between	naront (paro	nt namo)			200	d school district (dist	rict name)	
	i parein (pare	nt name)						······································
(county name) The parties agree as follow				<b>3</b> ,		to as the District(s).		
insured driver will t	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and nber of days the student(s) was
transported for the	past semester.	•	•		·	the information accompany	·	iber of days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the	student(s) is no longe	er enrolled in so	chool, whichever occurs firs	st.	Date
West Valley Elem								
High School District	L 	Chair, Boa	ard of Truste	ees				Date
			l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	)-2501				r 2004- 2005 Il Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	)	□ No	mbursement	Stude	ent Name	School	Grade	- e
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and applittee, and the	o receive oproved by the	Stude	ent Name	School	Grade	<del>-</del>
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stude	ent Name	School	Grade	<del>-</del>
Elem District Approval		□ no	tials 		Stude	ent Name	School	Grade	ē
HS District Approval County Approval	,	□ no □ no				CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 It Semester Only	□ 2nd Semester On	ly □ Both Semesters	
Michelle Tutved	t				Pre-k	indergarten/Kinder	narten		
Physical Address (s	treet address	only):						ly    Both Semesters	
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for o Students in Each Grade Le	HS 0 e to nearest bu HS 0 ne-way only evel - Only include	us stop, if any	/ (one way) le covered by th	9-12	Kind by th To or To or Kind To or To or Dea PAR	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch	times per day, times per day, times per day, s without other sche times per day, times per day, times per day,	days per week	( (
	Total	Total	Total	Total	files.	RKS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain	ı a
Spec. Ed. Trans					copy	for your files.			
Room & Board							IMBURSEMENT R rict, county and OP		
Correspondence									
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer (county name) The parties agree as folloy 1. The parent shall tra	vs:			•	fter referred	school district (dist to as the District(s).	,	dian assures that a licensed and	
insured driver will t 2. In March and June transported for the 3. The payment shall	ransport the studer , the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	tracts are valid of sum officially a	only when transportat approved in the applic ned in Section 20-10-	tion for the distan cation upon certifi 142, MCA, and the	ce reported on the contra cation by the teacher or p ne information accompany	ct actually occurs. rincipal of the school of the no ving this contract.	umber of days the student(s) was	
	terminate at the er	nd of the school y		student(s) is no long		nool, whichever occurs firs		Date	
West Valley Elem High School District		,	ard of Truste					Date	
riigii Scriooi District		Chall, D0a	iiu oi iiuste					Date	
			I attes	t that the above	information	s true and correct.			
Signature - Parent or	Guardian				· · · · ·		Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501				ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u>'</u>	Legal Entity
West Valley Ele						Flathead		1184
High School or K-12 D	istrict Responsil	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	lementary an	id high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction isoLATION: Section	20-10-142, MCA	A, provides for						
rates for special circum increased rates, individual	dual circumstand	ces must be re	viewed and a	pproved by the	Stu	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of	-			
Check here only if incr District Trustees and t				oproved by the	Stu	dent Name	School	Grade
Elem District Approval	·		tials		Stu	dent Name	School	Grade
HS District Approval County Approval	□ yes				ТНІ	S CONTRACT IS FO	OR:	
Parent or Guardian					Gra	des 1-12 Ist Semester Only	□ 2nd Semester Onl	y □ Both Semesters
Mindie K. Rasm	nussen					,	•	y Doin Jemesiers
Physical Address (s		only):				-kindergarten/Kinder Ist Semester Only		y Both Semesters
					KIN	DERGARTEN/PRE	KINDERGARTEN:	
Distance from home		chool (one wa	ay)		by t	his contract:		age students also covered
Elementary <b>4.5</b>	,				To o	or from Bus Stop or from School	times per day, _	days per week days per week
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	us stop, if any	y (one way)		Kin	dergarten child ride	es without other scho	
□ Contract is for o	ne-way only				To	or from School	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>De</u>	adlines:		
	Pre-K	K	1-8	9-12	PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLI files		to County Supt by July	y 1, retain a copy for your
Regular Trans					CO	LINTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO: Ocha ongma	
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimb	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.						Keims	20-10-142, MCA.	illined by
Agreement between	n narent (nare	nt name)			an	d school district (dist	rict name)	
	i parciit (parci	nt name)				to as the District(s).		· · · · · · · · · · · · · · · · · · ·
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		3,		( )		lian assures that a licensed and
insured driver will t	transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	mber of days the student(s) was
	be computed on the					the information accompany		
Elementary School			ard of Truste		a emoned in S	chool, whichever occurs firs	и.	Date
West Valley Elem High School District	t	Chair, Boa	ard of Truste	ees				Date
			Latton	t that the above i	information	is true and correct		
Signature - Parent or	Guardian		ı attes	t triat trie above i	inionnation	is true and correct.	Date	
-								

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola lual circumstand the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Initia  no no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Monica Messick		I. A.				-kindergarten/Kinderg		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 3.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da
Spec. Ed. Contin.								
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide transport the studer, the District shall past semester. be computed on the	ransportation for the state. Mileage contral the state basis of the school years of the school years.	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or gua tt actually occurs. incipal of the school of the n	rdian assures that a licensed and number of days the student(s) was
Elementary School West Valley Elem	District	Chair, Boar	d of Truste	es				Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	County		Legal Entity
West Valley Ele	m				F	athead		1184
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying fo			□ No		Studen	nt Name	School	Grade
(If yes, please attac			increased reir	mbursement	Olddel	it riamo	Consor	Ciudo
rates for special circum increased rates, individ					Studer	nt Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Studer	nt Name	School	Grade
District Trustees and the	he County Trans		mittee. tials		Childre	A Nome	Cabaal	Crada
Elem District Approval HS District Approval		□ no □ no				nt Name	School	Grade
County Approval	□ yes	□ no			THIS C Grades	CONTRACT IS FO	<u>)R:</u>	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Nancy Healy Physical Address (s	troot addraga	anh ()				ndergarten/Kinder		
Physical Address (s	areer address	oriiy).			□ 1st	Semester Only	☐ 2nd Semester Only	√ □ Both Semesters
							(INDERGARTEN:	ge students also covered
Distance from home Elementary <b>4.5</b>	e to nearest so HS <b>0</b>	chool (one wa	ıy)		by this	contract:		
•			,		To or f	rom Bus Stop rom School	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		<b>Kinde</b> To or f	r <b>garten child ride</b> rom Bus Stop	s <u>without</u> other school times per day,	ol-age students: days per week
□ Contract is for o	ne-wav onlv				To or f	rom School	times per day,	days per week days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.		lines:		
	Pre-K	K	1-8	9-12	PAREI	NTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLERI files.	<b>KS:</b> Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans						TV CUDEDINITEN	DENTS: Cond origina	I to ODI had balando motoire o
Spec. Ed. Trans						or your files.	DENIS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement betweer	n parent (pare	nt name)			, and s	chool district (distr	ict name)	,
(county name)				County, hereinaf	ter referred to	as the District(s).		
	ansport or provide							ian assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p					reported on the contraction by the teacher or pr		nber of days the student(s) was
	be computed on the					information accompany		
Elementary School			rd of Truste		, 2.10 a 11 001100			Date
West Valley Elem High School District	:	Chair, Boa	rd of Truste	es				Date
			Lattes	t that the above:	information is	true and correct		
Signature - Parent or	Guardian		raues	t that the above i	iiiiOiiiidliOii IS	uue anu correct.	Date	
J								

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the 0	Contract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revision comments.	e. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly ☐ Both Semesters
Natalia Pavliuk Physical Address (s	troot addroop	only):				-kindergarten/Kinder		
Priysical Address (s	treet address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	lly   Both Semesters
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for o Students in Each Grade Leaders	HS 0 e to nearest bu HS 0 ne-way only evel - Only include	the students to be	(one way)	9-12	Kin by t To c Kin To c To c	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School	times per day, times per day, times per day, es without other sche times per day, times per day, times per day,	days per week days per week
De sules Tress	Total	Total	Total	Total	files		to County Supt by Ju	ıly 1, retain a copy for your
Regular Trans  Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origin	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	RATE
Correspondence						(For dist	rict, county and OP	I use only)
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for t tts. Mileage contr ay the parent the ne basis of the sch	he student(s) to acts are valid of sum officially a edule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School West Valley Elem		Chair, Boar			·			Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	Initia  no no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters
Nichole Canning Physical Address (s		only):				-kindergarten/Kinder		
Physical Address (s	lieel address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters
Distance from home Elementary 6.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other schi- times per day, tool Clerk June 1.	days per week da
Correspondence Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	rmined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state. Mileage contral the same basis of the schelage to the same basis of the schelage that the same that t	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
High School District		Chair, Boar	d of Truste	es				Date
			attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		i alles	talatale above i	omation	io trae and confect.	Date	
-								

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 a, MT 59620	-2501				r 2004- 2005 ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u>'</u>	Legal Entity	
West Valley Elen	n					Flathead		1184	
High School or K-12 Dis		le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between ele	ementary and	d high school	ol?					
Are you applying for (If yes, please attach	explanation)		□ No		Stud	ent Name	School	Grade	
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc ne county trans	tion of residendes es must be rev portation comr	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Stud	ent Name	School	Grade	
Check here only if increa				proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval		Init no no	ials 		Stud	ent Name	School	Grade	
County Approval					THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	lame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Nicole D. Lynch					Pre-	kindergarten/Kinderg	garten		
Physical Address (str	reet address o	only):			□ 1:	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Distance from home Elementary 4  Distance from home Elementary 0  Contract is for on Students in Each Grade Levent Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kinc by tl To o To o Kinc To o To o  Dea PAR CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN r for your files.  RE	times per day, times per day, times per day, s without other scho times per day, times per day, times per day, tool Clerk June 1.  to County Supt by July	days per week days per week days per week  / 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: usport or provide to unsport the studen the District shall pour ast semester. e computed on the	ransportation for its. Mileage cont ay the parent the e basis of the sch	the student(s) to racts are valid c sum officially a nedule establish	o and from the school only when transportation proved in the applicated in Section 20-10-1	ter referred or bus stop on on for the distar tition upon certif 42, MCA, and t	nce reported on the contract	session. The parent or guardi t actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and inber of days the student(s) was	
Elementary School D West Valley Elem			rd of Truste					Date	
High School District		Chair, Boa	rd of Truste	es				Date	
			I attest	that the above i	information	is true and correct.			
Signature - Parent or C	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters
Nicole Wallner Physical Address (s	troot addroop	only):				-kindergarten/Kinder		
Physical Address (s	lieel address	orily).			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1.	days per week days per week ool-age students: days per week ool-age students: days per week days per week days per week days per week
Room & Board							IMBURSEMENT Rict, county and OP	
Correspondence						(FOI dist	nici, county and OP	r use orny)
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
Agreement between parent (parent name), and school district (district name),  (county name)								
West Valley Elem High School District		Chair, Boar						Date
riigii ocilool Distlict		Onan, Buai	a or riusib					Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
West Valley Elem			Flathead		1184			
High School or K-12 District Responsil	ble for Reimbursing the Con	tract	County		Legal Entity			
Is this contract shared between el □ yes □ no	lementary and high scho	ol?						
Are you applying for isolation stat			Student Name	School	Grade			
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	) A, provides for increased rei	mbursement	Olddent Name	CCHOOL	Grade			
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been a	oproved by the	Student Name	School	Grade			
Elem District Approval □ yes	Initials □ no □ no		Student Name	School	Grade			
	□ no		THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian Name: (Pleas	se Print)			2nd Semester Only	□ Both Semesters			
Paul Kneeland Physical Address (street address	only):		Pre-kindergarten/Kindergart		□ Both Semesters			
Distance from home to nearest so Elementary 4 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)		(For district	times per day, times per day, times per day, //ithout other schoo times per day, times per day, Clerk June 1.	days per week days per week l-age students: days per week days per week days per week  1, retain a copy for your to OPI by July 10, retain a			
insured driver will transport the stude 2. In March and June, the District shall ptransported for the past semester. 3. The payment shall be computed on the This contract shall terminate at the erellementary School District West Valley Elem	transportation for the student(s) ints. Mileage contracts are valid pay the parent the sum officially a the basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafter re- to and from the school or bus only when transportation for approved in the application u hed in Section 20-10-142, M e student(s) is no longer enro	, and school district (district eferred to as the District(s).  s stop on the days when school is in sest the distance reported on the contract act pon certification by the teacher or princip CA, and the information accompanying to a companying to the contract act points.	sion. The parent or guardia tually occurs. aal of the school of the numl	in assures that a licensed and			
High School District	Chair, Board of Truste	ees			Date			
	I attes	st that the above inform	mation is true and correct.					
Signature - Parent or Guardian			Da	ate				

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia  no no no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly   Both Semesters
Rene' Servis Physical Address (s		- ml. A.				-kindergarten/Kinder		
Priysical Address (s	lieel address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	nly   Both Semesters
Distance from home Elementary 8  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1.	days per week da
Correspondence Reg. Contingency Spec. Ed. Contin.						,	ursement rate is deter 20-10-142, MCA.	,
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for the state. Mileage contral the same basis of the schelage to the same basis of the schelage that the same that t	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
High School District		Chair, Boar	d of Truste	es				Date
			Lattest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		i allosi	at the above i	omation	is and direction.	Date	
-								

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?	•				
Are you applying for	r isolation stati	us? □ Yes	□ No		Studen	nt Name	School	Grade	
(If yes, please attac			increased reir	mbursement	Studen	it ivallie	OCHOOL	Orace	
rates for special circun increased rates, individ	nstances of isola	ation of residen	ce. In order t	o receive	Studer	nt Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade	
District Trustees and the	ne County Trans		mittee. tials		Ctudo	nt Name	School	Grade	
Elem District Approval HS District Approval		□ no □ no						Grade	
County Approval  Parent or Guardian		no				<b>CONTRACT IS FO</b> s 1-12	<u>DR:</u>		
	•	e Fillit)			□ 1st	Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Reuben Creight Physical Address (s	on treet address	oulv).				ndergarten/Kinder		/ □ Both Semesters	
, / (2	001 aaa. 000	oy /.				,	ĺ	/ Botti Semesters	
							<u>(INDERGARTEN</u> : es <u>with</u> other school-a	ge students also covered	
Distance from home Elementary <b>5</b>	e to nearest so HS <b>0</b>	thool (one wa	ıy)		<b>by thi</b> s To or f	s contract: from Bus Stop	times per day.	days per week	
Distance from home	e to nearest bu	ıs stop if anv	(one way)		To or f	rom School	times per day, _	days per week ol-age students:	
Elementary <b>0</b>	HS <b>0</b>	.o otop, a,	(00)		To or f	rom Bus Stop	times per day, _	days per week days per week	
□ Contract is for o	ne-way only				To or i	rom School	times per day, _	days per week	
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		<b>llines:</b> NTS: Due to Scho	ool Clerk June 1		
	Pre-K	K	1-8 Tatal	9-12 Tatal					
	Total	Total	Total	Total	files.	<b>KS:</b> Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans					COUN	ITY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a	
Spec. Ed. Trans						or your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimhi	ursement rate is determ	nined by	
Contingency Spec. Ed. Contin.						IXellibo	20-10-142, MCA.	inled by	
-pos. 23. 00mm.									
Agreement betweer	n parent (parei	nt name)			, and s	chool district (disti	rict name)	,,	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to	as the District(s).			
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid of	only when transportation	on for the distance	e reported on the contract	ct actually occurs.	an assures that a licensed and	
transported for the	past semester.		•			ation by the teacher or pro- information accompany	·	nber of days the student(s) was	
	terminate at the er	nd of the school y		student(s) is no longe		ol, whichever occurs firs		Date	
West Valley Elem		,							
High School District		Chair, Boa	rd of Truste	es				Date	
		<u>.                                    </u>	l attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian			<del></del>			Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501			ue to School			
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County	l e	Legal Entity
West Valley Ele	m				l F	athead		1184
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attaction: Section	h explanation)	)	□ No	mbursement	Studen	nt Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Studen	nt Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Studen	it Name	School	Grade
Elem District Approval		□ no	tials		Studen	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester Or	nly □ Both Semesters
Rhonda R. Tho					Pre-kin	ndergarten/Kinder	rgarten	
Physical Address (s	treet address	only):						nly   Both Semesters
Distance from home Elementary <b>5.7</b> Distance from home Elementary <b>0</b> Contract is for o	HS <b>0</b> e to nearest bu HS <b>0</b>				Kinder by this To or fi To or fi Kinder To or fi	garten child rides contract: rom Bus Stop rom School garten child riderom Bus Stop	times per day, times per day, es <u>without</u> other sch times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
Students in Each Grade L	, ,	the students to b	be covered by th	is contract.	Dead	lines:		
	Pre-K	K	1-8	9-12	PARE	NTS: Due to Sch	nool Clerk June 1.	
	Total	Total	Total	Total	CLERI files.	<b>KS:</b> Send origina	l to County Supt by Ju	uly 1, retain a copy for your
Regular Trans						TV CUDEDINTE	NDENTS: Sand origin	nal to ODI by July 10, ratain a
Spec. Ed. Trans						or your files.	ADENTS. Seria origin	nal to OPI by July 10, retain a
Room & Board							EIMBURSEMENT F	
Correspondence						(For dis	trict, county and OP	riuse only)
Reg. Contingency						Reimb	oursement rate is deter	rmined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and so	chool district (dist	trict name)	,
(county name)				County, hereinat	fter referred to	as the District(s)		
	ansport or provide							rdian assures that a licensed and
	, the District shall p					reported on the contra tion by the teacher or p		number of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the					information accompan		
Elementary School			ard of Truste		or critolica ili Sciloc	or, withoutever occurs III:	O	Date
West Valley Elem High School District	:	Chair, Boa	ard of Truste	es				Date
			1 - 44	4 414 411	info was cities at	and (		
Signature Desert	Cuardian		ı attes	t that the above	intormation is	true and correct.	Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	ole for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, individuates of the district,	nstances of isola dual circumstand the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap littee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Public Instruction. (10.  Check here only if incr	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
District Trustees and the Elem District Approval	□ yes	Initia □ no	als		Stud	dent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Rita Peiffer					Pre	-kindergarten/Kinder	garten		
Physical Address (s	treet address	only):						nly □ Both Semesters	
Distance from home Elementary 4.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Land Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	e to nearest so HS 0 e to nearest bu HS 0 ne-way only	hool (one way	(one way)	s contract.  9-12 Total	KIN Kin by t To c Kin To c To c  De PAF files	DERGARTEN/PREV dergarten child ride his contract: or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original by for your files.  RENTS: REINTEN REINT	times per day,	days per week da	
Agreement between parent (parent name)  (county name)  County, hereinafter The parties agree as follows:  The parent shall transport or provide transportation for the student(s) to and from the school or be insured driver will transport the students. Mileage contracts are valid only when transportation for the large contracts are valid only when transportation for the parent the sum officially approved in the application transported for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, this contract shall terminate at the end of the school year or when the student(s) is no longer er Elementary School District  Chair, Board of Trustees  Chair, Board of Trustees						ince reported on the contractification by the teacher or pithe information accompany	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.		
						to donor on the			
Signature - Parent or	Guardian		I attest	that the above i	ıntormation	is true and correct.	Date		
Signature - Parent Of	Juai uiaii						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	als		Stud	dent Name	School	Grade
County Approval		no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Robert A. Smith Physical Address (s		only):				-kindergarten/Kinder		
Priysical Address (s	treet address	orily).			□ 1	st Semester Only	☐ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 4.6  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1.	days per week days per week  uly 1, retain a copy for your  al to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
Agreement between parent (parent name)							session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	
West Valley Elem High School District		Chair, Boar	d of Truste	es				Date
			1 -44 - 1	that the electric	informer!!-	io two and a man		
Signature - Parent or	Guardian		ı attesi	triat the above i	information	is true and correct.	Date	
Signature - Parent Of	Juai uiail						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		(	County		Legal Entity	
West Valley Ele	m				F	Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	•				
Are you applying for	r isolation stati	us? □ Yes	□ No		Studer	nt Name	School	Grade	
(If yes, please attac			increased reir	mbursement	Studen	it ivaille	School	Orace	
rates for special circun increased rates, individ	nstances of isola	ation of residen	ce. In order t	o receive	Studer	nt Name	School	Grade	
trustees of the district, Public Instruction. (10.	the county trans	sportation com	mittee, and th						
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Studer	nt Name	School	Grade	
District Trustees and the		sportation Com			<del></del>				
Elem District Approval HS District Approval	•	□ no □ no			Studer	nt Name	School	Grade	
County Approval	□ yes	□ no			THIS ( Grade	CONTRACT IS FO	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Robert Hunt		I. A.				ndergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1st	Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
							(INDERGARTEN:	ge students also covered	
Distance from home	e to nearest so HS <b>0</b>	hool (one wa	ay)		by this	s contract:			
Elementary 6					To or f	rom Bus Stop rom School	times per day, _ times per day, _	days per week days per week ol-age students:	
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>0</b>	is stop, if any	(one way)		Kinde To or f	rgarten child ride	es <u>without</u> other school	ol-age students:	
□ Contract is for o	ne-way only				To or f	rom School	times per day, _	days per week	
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.		llines:			
	Pre-K	К	1-8	9-12	PARE	NTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLER files.	<b>KS:</b> Send original	to County Supt by July	, 1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans						or your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence							rict, county and OPI		
Reg.									
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WCA.		
Agreement betweer	n parent (parei	nt name)			, and s	chool district (distr	rict name)	,,	
(county name)				County, hereinaf	ter referred to	as the District(s).			
The parties agree as follow		transportation for		-			session. The parent or guard	ian assures that a licensed and	
<ol><li>In March and June</li></ol>	, the District shall p					e reported on the contract tion by the teacher or p		nber of days the student(s) was	
	be computed on th					information accompany			
Elementary School			ear or when the ird of Truste		a emoneu in scho	ol, whichever occurs firs	ı.	Date	
West Valley Elem High School District	:	Chair, Boa	rd of Truste	es				Date	
Ciamatura Barret	Cuardi		I attes	t that the above i	information is	true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
West Valley Ele	em					Flathead		1184
High School or K-12 D	istrict Responsil	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	red between el	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction: Section			increased rei	mbursement	Otal	John Hamo	3311331	Siddo
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	eviewed and a mittee, and the	pproved by the	Stud	dent Name	School	Grade
Check here only if incr	eased payment	due to isolation	n has been ap	pproved by the	Stud	dent Name	School	Grade
District Trustees and the	-	. In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes							Siddo
County Approval  Parent or Guardian		no			Gra	<u>S CONTRACT IS FO</u> des 1-12		
	rame. (r leas	o i iiit)			□ 1	st Semester Only	□ 2nd Semester Only	□ Both Semesters
Sarah Card Physical Address (s	treet address	only):				-kindergarten/Kinder	garten □ 2nd Semester Only	□ Both Semesters
, , , , , , , , , , , , , , , , , , , ,		,				·	•	both Semesters
Distance from home Elementary 4  Distance from home Elementary 0  Contract is for o Students in Each Grade Legisland	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	us stop, if an	y (one way)	is contract.	Kind by the Took Kind Took Took Dea	his contract: or from Bus Stop or from School dergarten child ride	times per day, times per day, times per day, s without other school times per day, times per day,	days per week days per week days per week bl-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total				4.1 retain a convitor vous
Regular Trans	Total	Total	Total	Total	files	-	i to County Supt by July	1, retain a copy for your
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send original	to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE .
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						5 · <del>-</del>		<del></del>
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n parent (pare	nt name)					rict name)	, ,
(county name) The parties agree as follow				<b>3</b> ,		I to as the District(s).		
insured driver will t	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.	•	•		·	fication by the teacher or p the information accompany	·	nber of days the student(s) was
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school	year or when the	student(s) is no longe	er enrolled in so	chool, whichever occurs firs	oring this contract. st.	Data
Elementary School West Valley Elem			ard of Truste					Date
High School District	t	Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	County		Legal Entity	
West Valley Ele	m				F	Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Studer	nt Name	School	Grade	
(If yes, please attac			increased reir	mbursement	Oludei	it Humo	Consor	Ciudo	
rates for special circum increased rates, individ					Studer	nt Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre	eased payment	due to isolatior	n has been ap	proved by the	Studer	nt Name	School	Grade	
District Trustees and th	ne County Trans		mittee. :ials		Ctudos	nt Name	School	Grade	
Elem District Approval HS District Approval		□ no □ no						Grade	
County Approval	□ yes	□ no			THIS ( Grade:	CONTRACT IS FO s 1-12	<u>DR:</u>		
Parent or Guardian		e Pilili)			□ 1st	Semester Only	☐ 2nd Semester Only	/ □ Both Semesters	
Sharon Gassaw Physical Address (s		only).				ndergarten/Kinder		Deth Organisations	
i ilyologi / tagiogo (o	ar oot addr ood	oy /.				•	ĺ	y □ Both Semesters	
							<u>(INDERGARTEN:</u> es <u>with</u> other school-a	ge students also covered	
Distance from home Elementary 4	e to nearest so HS <b>0</b>	chool (one wa	y)		<b>by this</b> To or f	s contract:	times per day	days per week	
Distance from home	to nearest hi	is ston if any	(one way)		To or f	rom School	times per day, _	days per week ol-age students:	
Elementary <b>0</b>	HS <b>0</b>	io otop, ii arry	(One way)		To or f	rgarten child ride rom Bus Stop	es <u>without</u> other school times per day, _	days per week days per week days per week	
□ Contract is for o	ne-way only				To or f	rom School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		Ilines: NTS: Due to Scho	ool Clerk June 1		
	Pre-K	K	1-8	9-12 Tatal					
	Total	Total	Total	Total	files.	<b>KS:</b> Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans					COUN	TY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a	
Spec. Ed. Trans						or your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Peimhi	ursement rate is determ	nined by	
Contingency Spec. Ed. Contin.						Keiiibi	20-10-142, MCA.	inled by	
opeo. Lu. comm.									
Agreement betweer	n parent (parei	nt name)			, and s	chool district (distr	rict name)	,	
(county name) The parties agree as follow	vs.			County, hereinaff	ter referred to	as the District(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					e days when school is in e reported on the contrac		ian assures that a licensed and	
In March and June transported for the	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the applica	tion upon certifica	ition by the teacher or pi	rincipal of the school of the nur	mber of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		information accompany ol, whichever occurs firs			
Elementary School West Valley Elem	District	Chair, Boa	rd of Truste	es				Date	
High School District		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Temperatury District Responsible for Reimbursing the Contract		3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
High School or K-12 District Responsible for Reimbursing the Contract   Downty   Legal Entity	Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
High School or K-12 District Responsible for Reimbursing the Contract   Downty   Legal Entity	West Valley Fle	m					Flathead		1184	
Are you applying for isolation status?   Yes	High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract					
Are you applying for isolation status?   Yes										
Student Name		ed between el	ementary an	d high scho	ol?					
Student Name	Are you applying for	r isolation stati	us? □ Yes	□ No		Stud	ent Name	School	Grade	
inter for special circumstances of isolation of residence. In order to receive improseed rates, providual circumstances must be reviewed and approved by the public instruction. (I.O. 7: 16 AFM) provides guidelines to such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Cornelline.  Elem District Approval  yes				increased rein	mbursement	Stud	ent Name	School	Orace	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.    Student Name	rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Stud	ent Name	School	Grade	
Student Name   School   Grade	,	·	, and the second	,		Stud	ent Name	School	Grade	
Suderit Name			portation Com	mittee.	proved by the					
Parent or Guardian Name: (Please Print)   Pre-kindergarten Child Index with other school-age students also covered by this contract:		□ yes		tials		Stud	lent Name	School	Grade	
Sharon Tikka Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Sudents in Each Goate Level - Only include the students to be covered by this contract.  Pre-k indergarten child rides with other school-age students also covered by this contract. To or from Bus Stop						THIS	CONTRACT IS FO	DR:		
Sharon Tikka Physical Address (street address only):    Pre-kindergarten/Kindergarten   St Semester Only   Doth Semesters	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	✓ □ Both Semesters	
Physical Address (street address only):	Sharon Tikka						·	rarten		
Distance from home to nearest school (one way)  Elementary 4.5	Physical Address (s	treet address	only):						/ □ Both Semesters	
Distance from home to nearest school (one way)  Elementary 4.5										
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County hame  Coun			hool (one wa	ıy)		by tl	his contract:			
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K			ıs stop, if any	(one way)		To o <b>Kin</b> o	r from School dergarten child ride	times per day, _ es without other scho	days per week ol-age students:	
PRENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  Reg., Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name), County, hereinafter referred to as the District(s).  The parent shall transport the students Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  1. The parent shall transport the students Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days per week	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport dre provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school or fusion was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District  West Valley Elem  High School District  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  CCOUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  CCOUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  CCOUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy files.  CCOUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy files.  CCOUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy files.  REIMBURSEMENT RATE  (For district, county and OPI use only)  ReimBursement rate is determined by 20-10-142, MCA.  And school district (district name)  . And school dis	Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.					
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (district name)  County name)  County name)  County, hereinafter referred to as the District (s).  The parties agree as follows:  1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall promise the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The parent shall transport me students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  The parent shall transport me students will be parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  The contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  I attest that the above information is true and correct.					-					
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)		Total	Total	Total	Total		-	to County Supt by July	/ 1, retain a copy for your	
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans							IDENTS: Sand origina	I to OPI by July 10, rotain a	
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the business are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees  Date  High School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Spec. Ed. Trans							DENTO. Send ongina	Tto Of T by July To, Tetalit a	
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon certification upon the school of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees  Date  High School District Chair, Board of Trustees  Date	Room & Board						RE	IMBURSEMENT RA	ATE	
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)	
Agreement between parent (parent name)	Reg.									
Agreement between parent (parent name)							Reimbi		nined by	
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Contin.							·		
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.										
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2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  West Valley Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol> <li>The parent shall tra</li> </ol>	ansport or provide t							an assures that a licensed and	
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  West Valley Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol><li>In March and June</li></ol>	, the District shall p							mber of days the student(s) was	
West Valley Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>The payment shall</li></ol>	be computed on th								
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.		District	Chair, Boa	rd of Truste	es				Date	
		:	Chair, Boa	rd of Truste	es				Date	
				I attes	t that the above i	information	is true and correct.		l	
	Signature - Parent or	Guardian		. 41.00			2 3011001.	Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the (	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high scho	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						dent Name	School	Grade	
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the				Stud	dent Name	School	Grade		
District Trustees and the Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Shauna Hubbar		l. A.				-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester Or	nly   Both Semesters	
Distance from home Elementary 4  Distance from home Elementary 0  Contract is for o Students in Each Grade Le	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K	the students to be	(one way)	9-12	Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other sch times per day, times per day, times per day,	days per week days per week ool-age students: days per week days per week days per week days per week	
	Total	Total	Total	Total	CLE files		I to County Supt by Ju	uly 1, retain a copy for your	
Regular Trans							IDENTS: Send origin	nal to OPI by July 10, retain a	
Spec. Ed. Trans					cop	y for your files.			
Room & Board							IMBURSEMENT Rict, county and OP		
Correspondence									
Reg. Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	rmined by	
Spec. Ed. Contin.							20-10-142, WOA.		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for tools. Mileage contribute parent the parent the passis of the sch	he student(s) to acts are valid of sum officially a edule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or gual ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and number of days the student(s) was	
Elementary School West Valley Elem		Chair, Boar						Date	
High School District		Chair, Boar	d of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	ontract			County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						dent Name	School	Grade	
Check here only if incre	Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the				Stud	dent Name	School	Grade	
District Trustees and the Elem District Approval	□ yes	Initia □ no	als		Stud	dent Name	School	Grade	
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	nly □ Both Semesters	
Sheri M. Mileticl					Pre-	-kindergarten/Kinder	garten		
Physical Address (s	treet address	only):						ly Doth Semesters	
Distance from home Elementary 4.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) to acts are valid o sum officially a edule establish ar or when the d of Truster	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract.	rdian assures that a licensed and umber of days the student(s) was  Date  Date	
			I attest	that the above i	nformation	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the 0	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade	
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				Stud	dent Name	School	Grade		
Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade	
HS District Approval County Approval	□ yes	no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Sheryl Underwo	ood					-kindergarten/Kinder			
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Distance from home Elementary 5  Distance from home Elementary 0  Contract is for or Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, es without other schitimes per day, times per day, times per day, times per day, tool Clerk June 1.	days per week days per week  uly 1, retain a copy for your  all to OPI by July 10, retain a	
Reg. Contingency Spec. Ed. Contin.						Reimbu	ursement rate is deter 20-10-142, MCA.	rmined by	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for t its. Mileage contr iay the parent the ne basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or gual tactually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and number of days the student(s) was	
West Valley Elem		·							
High School District	<u> </u>	Chair, Boar	u ot Truste	es 				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	)-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary and	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School	Grade	
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	) A, provides for i	increased rein	nbursement	0.00		33.133.	0.000	
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be rev	viewed and ap	proved by the	Stud	ent Name	School	Grade	
Public Instruction. (10.)				e Office of	<u> </u>		Ochool	Overde	
Check here only if incre District Trustees and the				proved by the	Stud	ent Name	School	Grade	
Elem District Approval	□ yes	Init	ials		Stud	ent Name	School	Grade	
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)				les 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Susan Heidegge	er				Pre-l	kindergarten/Kinder	rarten		
Physical Address (s	treet address	only):						y   Both Semesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home		chool (one wa	ıy)		by th	nis contract:	<del></del>	age students also covered	
Elementary 4.3	HS <b>0</b>				Too	r from Bus Stop	times per day, _	days per week days per week	
Distance from home Elementary <b>0</b>	to nearest but HS <b>0</b>	ıs stop, if any	(one way)		<b>Kind</b> To o	lergarten child rider r from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week	
□ Contract is for o	ne-way only				Тоо	r from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	Dea	idlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.	-	to County Supt by Jul	y 1, retain a copy for your	
Regular Trans							I <b>DENTS</b> : Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT Rarict, county and OPI		
Correspondence						(1 0. 0.00	not, county and or i	uss simy)	
Reg. Contingency						Reimb	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (pare	nt name)			, and	school district (distri	rict name)		
(county name)		/			-	to as the District(s).	/		
The parties agree as follow		transportation for		•		( )	session. The parent or quare	lian assures that a licensed and	
insured driver will t	ransport the stude	nts. Mileage cont	racts are valid o	only when transportati	on for the distar	ice reported on the contract	et actually occurs.	mber of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sci	hedule establish	ned in Section 20-10-1	142, MCA, and t	he information accompany	ing this contract.		
Elementary School			ear or when the rd of Truste		er enrolled in sc	nool, whichever occurs firs	t.	Date	
West Valley Elem High School District		Chair. Boa	rd of Truste	es				Date	
		5, Bod	0. 110010					_ = = = = = = = = = = = = = = = = = = =	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian					·	Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	ontract			County	-	Legal Entity
West Valley Ele	m					Flathead		1184
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	OR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Tami Wiherski		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters
Distance from home Elementary 3.5  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1.	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) to acts are valid o sum officially a edule establish ar or when the d of Truster	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop or on for the dista tition upon cert 42, MCA, and	nce reported on the contract	session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was  Date  Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for R	eimbursing the	Contract			County		Legal Entity
West Valley Ele	em					Flathead		1184
High School or K-12 D		ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share	red between e	lementary ar	nd high scho	ol?				
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	tus? □ Yes	□ No				- <del></del>	<del></del>
(If yes, please attac	h explanation	)			Stu	dent Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivi	nstances of isol	ation of resider	nce. In order	to receive	Stu	dent Name	School	Grade
trustees of the district,	the county tran	sportation com	mittee, and th		Ota	dent Hame	Concor	Grade
Public Instruction. (10	·	J	ŕ		Stu	dent Name	School	Grade
Check here only if inc District Trustees and t		sportation Con	nmittee.	oproved by the				
Elem District Approva		□ no	itials		Stu	dent Name	School	Grade
HS District Approval County Approval	,	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	se Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Terri S. Ogle					Dre	-kindergarten/Kinder		,
Physical Address (s	street address	only):						y Both Semesters
					KIN	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	ay)			dergarten child ride his contract:	es <u>with</u> other school-a	age students also covered
Elementary 3.6	HS <b>0</b>				Too	or from Bus Stop	times per day, _	days per week
Distance from home		us stop, if an	y (one way)		Kin	dergarten child ride	es without other scho	days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>				To o	or from Bus Stop or from School	times per day, _ times per day,	days per week days per week
□ Contract is for c	, ,			:		adlines:		, , , , , , , , , , , , , , , , , , ,
Students in Each Grade L					PAI	RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLI	ERKS: Send origina	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans							IDENTS: Send origina	al to OPI by July 10, retain a
•					сор	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence							, ,	,,
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betwee	n narent (nare	nt name)			an	d echool district (dist	rict name)	
	ii parciii (parc	int name)						· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follo		transportation for		• • • • • • • • • • • • • • • • • • • •		I to as the District(s).		lian assures that a licensed and
insured driver will	transport the stude	ents. Mileage cor	ntracts are valid	only when transportati	ion for the dista	nce reported on the contra	ct actually occurs.	mber of days the student(s) was
transported for the	past semester.		•		·	the information accompany	·	mbo. or days are statistics, mas
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in s	chool, whichever occurs firs	ot.	Date
West Valley Elem High School Distric		,	ard of Truste					Date
riigii School Distric		Chair, DO	aru or ituste	.c.s				Dale
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian		<del></del>				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59			Du	e to School	Clerk June 1		
Elementary District Responsible fo	r Reimbursing the	Contract		C	County		Legal Entity
West Valley Elem					Flathead		1184
High School or K-12 District Respo	onsible for Reimbur	sing the Con	tract		County		Legal Entity
Is this contract shared betwee ☐ yes ☐ no	n elementary an	d high scho	ol?				
Are you applying for isolation		□ No		Studer	nt Name	School	Grade
(If yes, please attach explanat ISOLATION: Section 20-10-142,		ncreased rei	mbursement	Otadoi	it Hamo	Comoon	Siddo
increased rates, individual circums trustees of the district, the county t	rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					School	Grade
Check here only if increased paym	ent due to isolation	n has been ap	pproved by the	Studer	nt Name	School	Grade
District Trustees and the County T	Init	ials		Studer	nt Name	School	Grade
Elem District Approval  yes  HS District Approval  yes							Siddo
County Approval □ yes  Parent or Guardian Name: (Pl	no			Grade			
· ·	case i iiitj			□ 1st	Semester Only	☐ 2nd Semester Only	□ Both Semesters
Tina Venturini  Physical Address (street addre	ess only):				ndergarten/Kinder	garten □ 2nd Semester Only	□ Both Semesters
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				·	•	both Semesters
Distance from home to neares Elementary 3.3 HS 0  Distance from home to neares Elementary 0 HS 0  Contract is for one-way on	<b>)</b> t bus stop, if any			Kinde by this To or f To or f Kinde	rgarten child ride s contract: rom Bus Stop rom School rgarten child ride	times per day, times per day, es without other schoo	days per week days per week bl-age students: days per week days per week days per week days per week
Students in Each Grade Level - Only inc		e covered by th	is contract.		llines:		
Pre-K	К	1-8	9-12	PARE	NTS: Due to Sch	ool Clerk June 1.	
Total	Total	Total	Total	CLERI files.	KS: Send origina	to County Supt by July	1, retain a copy for your
Regular Trans					TV CUDEDINTEN	IDENTS: Conderiginal	I to ODI by July 10 retain a
Spec. Ed. Trans					or your files.	IDEN 15: Send original	I to OPI by July 10, retain a
Room & Board					RE	IMBURSEMENT RA	ATE .
Correspondence					(For dist	rict, county and OPI	use only)
Reg.							
Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement between parent (p.	arent name)			, and s	chool district (dist	rict name)	······································
(county name)			County, hereinaft	er referred to	as the District(s).		
The parties agree as follows:  1. The parent shall transport or proving the parent shall transport or proving the parent shall transport or proving the parties agree as follows:							an assures that a licensed and
insured driver will transport the s  2. In March and June, the District sl transported for the past semeste	nall pay the parent the						nber of days the student(s) was
The payment shall be computed     This contract shall terminate at the state of the past seriested.	on the basis of the sc	nedule establis	hed in Section 20-10-1	42, MCA, and the	information accompany	ring this contract. t.	
Elementary School District West Valley Elem		rd of Truste					Date
High School District	Chair, Boa	rd of Truste	ees				Date
		l attes	t that the above i	nformation is	true and correct		
Signature - Parent or Guardian		7 01100			and ourroot.	Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity	
West Valley Ele	m					Flathead		1184	
High School or K-12 D	istrict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
<b>ISOLATION:</b> Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia □ no □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	OR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Vikki Bachurski		I. A.				-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester Or	nly   Both Semesters	
Distance from home Elementary 8  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	is stop, if any	(one way)	s contract.  9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original .  UNTY SUPERINTEN y for your files.  REA (For dist	times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1.	days per week da	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state of the parent the state basis of the sche	the student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longe es	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and er enrolled in so	nce reported on the contractification by the teacher or pit the information accompany chool, whichever occurs firs	session. The parent or gual at actually occurs. incipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was  Date  Date	
2:	0!		I attes	t that the above i	information	is true and correct.	B.11		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 596	20-2501	Due to School Clerk June 1						
Elementary District Responsible for	Reimbursing the Co	ontract		Co	ounty		Legal Entity	
West Valley Elem				FI	lathead		1184	
High School or K-12 District Respon	sible for Reimbursi	ng the Contra	act		ounty		Legal Entity	
Is this contract shared between  ☐ yes ☐ no	elementary and	nigh school	?					
Are you applying for isolation st		□ No		Student	Name	School	Grade	
(If yes, please attach explanation ISOLATION: Section 20-10-142, M	CA, provides for inc	reased reimb	oursement	Otadeni	Traine	Concor	Ciudo	
rates for special circumstances of is increased rates, individual circumsta	inces must be revie	wed and app	roved by the	Student	Name	School	Grade	
trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr			Office of					
Check here only if increased payme District Trustees and the County Tra			roved by the	Student	Name	School	Grade	
Elem District Approval ☐ yes	Initial □ no			Student	Name	School	Grade	
HS District Approval ☐ yes County Approval ☐ yes	□ no □ no			THIS C	ONTRACT IS FO	DR:		
Parent or Guardian Name: (Plea	ase Print)			Grades	1-12 Semester Only	 ☐ 2nd Semester Only	/ □ Both Semesters	
Virginia Jones					dergarten/Kinder	,		
Physical Address (street addres	ss only):					□ 2nd Semester Only	□ Both Semesters	
						KINDERGARTEN:		
Distance from home to nearest	school (one way)				garten child ride contract:	es <u>with</u> other school-a	ge students also covered	
Elementary 8.5 HS 0				To or fro	om Bus Stop	times per day, _	days per week	
Distance from home to nearest Elementary <b>0</b> HS <b>0</b>	bus stop, if any (	one way)		Kinderg To or fro	garten child ride	es <u>without</u> other school times per day,	days per week  pl-age students: days per week days per week days per week	
□ Contract is for one-way only				To or fro	om School	times per day, _	days per week	
Students in Each Grade Level - Only inclu	de the students to be o	overed by this	contract.	Deadl PAREN		ool Clerk June 1.		
Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your	
Regular Trans	Total	Total	Total	files.	3. Send ongina	to County Supt by July	7 1, letaill a copy for your	
						IDENTS: Send original	I to OPI by July 10, retain a	
Spec. Ed. Trans				copy for	your files.			
Room & Board						EIMBURSEMENT RA		
Correspondence					, ,	, ,	,	
Reg. Contingency					Reimb	ursement rate is determ	nined by	
Spec. Ed. Contin.						20-10-142, MCA.		
	1							
Agreement between parent (par	rent name)			, and scl	hool district (dist	rict name)	,	
(county name)					as the District(s).			
The parties agree as follows:  1. The parent shall transport or provided in the parent shall transport or provided	le transportation for the		-				an assures that a licensed and	
insured driver will transport the stu 2. In March and June, the District sha							nber of days the student(s) was	
transported for the past semester.  3. The payment shall be computed or This contract shall terminate at the								
Elementary School District	Chair, Board			Caronea in School,	,onever occurs IIIs		Date	
West Valley Elem High School District	Chair, Board	of Trustees	S				Date	
		I attest t	that the above in	nformation is to	rue and correct.		1	
Signature - Parent or Guardian						Date		